Study on the Social and Emotional Needs of Muslim Seniors

Conducted by:
North American Muslim Foundation (NAMF)

In collaboration with:
Programs for 50+, The G. Raymond Chang School of Continuing Education, Ryerson University

Funded by:
The New Horizons Program for Seniors

Final Report
22 October 2011

Government of Canada / Gouvernement du Canada

This project is funded by the Government of Canada's New Horizons for Seniors Program

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RYERSON UNIVERSITY
CONTINUING EDUCATION

North American Muslim Foundation
4140 Finch Avenue East, Scarborough ON M1S 3T9
Tel# 416.299.1969 Fax# 416.299.4890
Email: namf@bellnet.ca Website: www.namf.ca

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Acknowledgement

It is with great pleasure I present the following informative and revealing research report, entitled "Study on the Social and Emotional Needs of Muslim Seniors." This study is a first of its kind, giving insight into a vibrant and growing population within Canada. The North American Muslim Foundation is a pioneer within this field, being the first Islamic organization to collaborate with a world renowned academic institution such as Ryerson University. I hope the research obtained will be a step forward towards optimizing the well-being of Seniors. I encourage the policy makers within the Canadian government to use these findings to develop and support applicable and relevant community programs.

The completion of this report would not have been possible without the invaluable contributions by the following individuals:

1) **The NAMF staff, in particular Sajeda Khan and Camille Mohamed-Saric,** who provided logistical support, networking, enthusiastic marketing, and data collection. Their assistance helped in keeping the study focused and on schedule.

2) **Valerie Hyman**, who brought her expertise to the study from its onset. She was a primary contributor to every aspect of the research, with help in developing such tools as the survey, and focus group discussions.

3) **Sandra Kerr**, Director of programs for 50+ of Ryerson University's G. Raymond Chang School of Continuing Education, for her technical leadership to the research project.

4) **Maria Shambare**, for doing an exceptional job on analyzing the data collected and her support throughout the project's development.

5) **Aamer Saadi**, for his creative direction and designing knowledge.

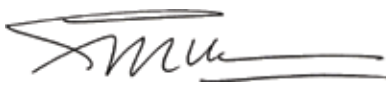
6) **The NAMF Seniors Group**, who contributed to the development of the research strategy and research tool. They were the first group of individuals to test the survey and their input was imperative to the project.

7) **The Project Steering Committee**, for giving support and direction throughout this process.

8) **The Community Leaders**, who opened up their mosques and organizations to our research team, allowing us access to their members and attendees in order to conduct our ground breaking research.

9) **New Horizons for Seniors Program**, for granting us the monetary resources needed to conduct our study.

Truly Allah is the guide and He alone is the helper.



Farooq M. Khan
Executive Director, North American Muslim Foundation
Toronto, Canada
October, 2011

Research Team

Hyman, Valerie; Project Manager.
Shambare, Rufaro Maria; Researcher;
Khan, Sajeda; Research Assistant and Outreach

Interviewers from NAMF Seniors program:

1. Mussarat Sheikh,
2. Cheryl Bacchu,
3. Shamsa Jeelani,
4. Rizwana Mukarram,
5. Naseema Daar,
6. Noreen Darr,
7. Aleem Darr
8. Sheikh Saadi,
9. Nisar Ahmed,
10. Zaheer Siddiqui

Editor in-chief; Camille Mohamed-Saric
Graphics & layout; Aamer Saadi

Executive Summary

Using a New Horizons for Seniors program grant, NAMF (North American Muslim Foundation) partnered with the G. Raymond Chang School of Continuing Education, Ryerson University to research the experience of social and emotional isolation of Scarborough Muslim Seniors. Findings from the research are intended to "*determine what programming [would] counteract their social and emotional isolation, and assist them [i.e. Muslim Seniors] to integrate into mainstream society*".

For this study, **social isolation** was defined as the lack of appropriate relational social capital, i.e. the relationships and support an individual develops and makes use of by virtue of being a participating member of a given social group. An individual is considered to be socially isolated when they do not have significant others in their social network. Socially isolated individuals are not able or are deprived of opportunities to play meaningful social roles within the family, neighbourhood and community (Cloutier-Fisher et al, 2006). Unfavourable physical, social and health factors can increase an individual's vulnerability to social isolation.

This study defines **loneliness (and emotional isolation)** as "*self reported perceptions or actual experiences of the absence of significant and or intimate social connections, relationships or interactions that are mutually beneficial and engender positive emotions for the individual*". Loneliness is characterised by a sense of powerlessness, feelings of anger / bitterness towards persons, entities, events or circumstance that have withheld or made it difficult for the individual to participate in meaningful social interaction. For example, the loss of a significant other (such as a spouse, family member or friend) or the loss of a role or status (e.g. due to job loss, incapacity to communicate, having different social values) can render a person lonely.

For this research, a combination of a survey and focus group discussions were used to collect information from Scarborough Muslim Seniors and some Scarborough community agencies with seniors' programs.

Findings from this research indicate that the majority of Scarborough Muslim Seniors are not vulnerable to or are experiencing social isolation. However, a significant number reported that they were experiencing emotional isolation. Social integration through various group activities and community based services was reported as being the most effective approach to promoting resilience and reducing vulnerability to social isolation by both respondents to the survey and the community agencies that serve them. However, there was little indication of targeted interventions aimed at directly dealing with loneliness and emotional isolation. The findings of this research clearly indicate that despite high levels of good relational social capital and social integration among Scarborough Muslim Seniors, these individuals still experience significant loneliness and emotional isolation, a phenomenon that has been referred to as "loneliness in a crowd".

Three major recommendations were made based on the above findings:

- Further research into the issue of loneliness and emotional isolation among Scarborough Muslim Seniors.
- Establishment of an association of Scarborough community based agencies that serve seniors to provide a forum to share information and pool resources to better serve seniors. The forum could also work out strategies for reaching out to Muslim Seniors (and other minority groups for that matter), more effectively.
- Create more opportunities for the seniors in the NAMF program to participate in and contribute to research efforts in the community.

Section 1: Background to study

Introduction

Canada is a multicultural society which "*... welcomes people with a variety of ethnic origins, respects minority religions and cultures, and has made constitutional commitments to ... help visible or religious minorities engage in their surrounding [communities to avail themselves of opportunities]... to contribute to society as a whole*" (Delic, 2008). Religious identity is a strong factor in shaping the extent to which a particular group becomes more integrated and included in the general Canadian community (Multiculturalism Branch, 2009). The active implementation of the Multiculturalism policy has been quite successful so that people identifying themselves as minorities for ethnic and or cultural reasons, born in Canada or outside its borders, are comfortable to call this country their home. For example, Adams (2009) writes this about Muslims in Canada : "... *in their optimism, aspirations, and feelings of both Canadian and minority-group pride, Muslims in Canada have much in common with other immigrant groups in this country both past and present*".

Despite the progress that has been made to date, challenges and difficulties still remain which hinder the achievement of full integration and inclusion of all. For this reason, efforts by individuals, communities, associations and public institutions, such as government, universities, etc, to promote further integration are not only appropriate, but are quite an imperative for now and in the future (Delic, 2008).

These efforts are important, especially in the case of religious minorities, such as Muslims, for the following reasons:

- ***The size and diversity of religious minorities continues to grow*** (Multiculturalism Branch, 2009). This is especially the case in Ontario, and Toronto in particular, which is reported to be where most immigrants settle upon their arrival in Canada. Muslims form about 5.5% of the total population in Toronto (Statistics Canada, 2001).

Table 1: Total Population of Seniors, Toronto and Ontario

	Toronto City				Ontario		
Age characteristics	**Total**	**Male**	**Female**		**Total**	**Male**	**Female**
50 to 54 years	168445	80170	88270		869400	423345	446060
55 to 59 years	148120	70215	77905		774530	378530	395995
60 to 64 years	109465	51385	58080		581985	283545	298440
65 to 69 years	93835	42515	51315		466240	222640	243600
70 to 74 years	85160	38300	46865		401950	187510	214445
75 to 79 years	74900	32210	42690		338910	149585	189325
80 to 84 years	56450	22070	34380		250270	97240	153035
85 years and over	43100	14465	28635		191810	60555	131260
Total	**779475**	**351330**	**428140**		**3875095**	**1802950**	**2072160**

Source: StatsCan, 2001

Table 2: Total Population of Seniors, Scarborough

Ward Name	Ward Number	# of Seniors (45 years and above)	Estimate of Muslim Seniors
Scarborough Southwest	35	20570	1131
Scarborough Southwest	36	21625	1189
Scarborough Centre	37	24735	1360
Scarborough Centre	38	23510	1293
Scarborough Agincourt	39	22585	1242
Scarborough Agincourt	40	24445	1345
Scarborough Rouge River	41	27225	1497
Scarborough Rouge River	42	23660	1301
Scarborough East	43	20330	1118
Scarborough East	44	31390	1721
Total		**240075**	**13197**

Source: Toronto Ward Profiles, 2001

- Although they share the same religion, *Muslims are by no means a homogeneous group*, there is great diversity within this community based on ethnicity, place of origin, level of education and particular Islamic sect (Sunni, Shia, etc) to which people may belong. This heterogeneity may mean that the needs and expectations of Muslim Seniors could differ within the group. Differences may be even greater when this community is compared to the general population in Toronto. Only research can provide information and data on whether these diversity factors influence the nature and intensity of needs and experiences of Muslim Seniors in Scarborough.
- Like the rest of the population which is experiencing an inevitable increase in the number of seniors because of the ageing of the baby boomer cohort, *Muslim Seniors as a group are also growing in number*. It is therefore important to research into issues affecting Muslim Seniors to develop reliable information and data that can be used to design and implement programs that are relevant and effective.
- *Religious groups are an important source of social capital in Canada*. This is because a lot of social services, though funded by government, are delivered by faith based community organisations : "*Canada has the second-largest non-profit sector in the world, according to the Canadian Non-profit and Voluntary Sector in Comparative Perspective, which reports on the sector in 37 countries on the basis of size, scope, and donations. Among the registered religious charities, more than 40 percent (32,000) are faith-based, which include places of worship, clubs, and other forms of association*" (Jedwab, 2008). Reasearch in this area provides insight into the relevance and effectiveness of program content and delivery.

The information presented in this introductory section of the research report provides the context that gave rise to this research report.

How the research project came about

Early in 2010, the North American Muslim Foundation (NAMF) successfully applied for and secured a grant from the New Horizons For Seniors program, Human Resources and Skills Development Canada (HRSDC) to conduct research into the phenomenon of social and emotional isolation among Muslim Seniors in the Scarborough Area of Toronto, Ontario. The grant enabled NAMF to partner with the G. Raymond Chang School of Continuing Education, Ryerson University to undertake the research whose aim was to

> *"involve Muslim Seniors living in Scarborough to determine what programming [would] counteract their social and emotional isolation, and assist them [i.e. Muslim Seniors] to integrate into mainstream society".*

Results of the research were intended to accomplish the following outcomes for NAMF, G. Chang School of Continuing Education and New Horizons Grant:-

NAMF

- Establishing and strengthening networks and associations that promote the empowerment and inclusion of Muslim Seniors within their communities;
- Reaching out to vulnerable seniors, and helping them to restore their sense of dignity and respect within the community; and
- Developing resource material and tools to help plan and deliver programs

Chang School of Continuing Education

Information to illuminate possible new directions for programming for adults 50+ in various cultural contexts.

New Horizons Grant

Community participation and leadership by seniors through:

- Involvement of seniors in the planning, implementation and management of the research project;
- Recruitment of other seniors to be interviewed during the research;
- Conducting interviews
- Capturing interview data into a database

Key research questions

Below are the questions that guided the research:

- To what extent are Muslim Seniors in Scarborough physically isolated?
- To what extent are Muslim Seniors in Scarborough socially isolated?
- To what extent are Muslim Seniors in Scarborough emotionally isolated?
- What activities interest Muslim Seniors in Scarborough?
- What interventions are effective in reducing physical, social and emotional isolation of seniors in general, and Muslim Seniors in particular?
- To what extent do service providers exist who can and actually deliver effective interventions to reduce the physical, social and emotional isolation of Muslim Seniors in Scarborough?

- What challenges exist for (a) delivering services to Muslim Seniors in Scarborough; (b) for Muslim Seniors in Scarborough to access existing services; (c) for Muslim Seniors in Scarborough to make use of existing services
- What recommendations can be made to increase the effectiveness and availability of interventions that are successful in reducing the physical, social and emotional isolation of Muslim Seniors in Scarborough?

Section 2: Summary Literature Review

This section is divided into 3 parts as follows:

1. Definitions used in the research
2. Risk factors for social isolation and loneliness / emotional isolation
3. Effective interventions for reducing social isolation and loneliness / emotional isolation in seniors

Definitions used in the research

The study of the isolation of seniors or older persons is an emerging area. A consensus still has to emerge on what makes up the phenomenon[1] of isolation, i.e. its existence, how / when it occurs and the circumstances that give rise to individuals experiencing isolation or the conditions that can lead others to observe or describe an individual as being isolated.

Two dominant viewpoints have been used to describe isolation phenomenon. The first perspective is that of health. This point of view suggests that limitations that arise from poor physical and mental health make a person vulnerable to isolation. The second is the social perspective which proposes that isolation arises from the extent to which an individual is *physically near to other persons* (who are a source of support and or affirmation) and or the extent to which *a person is able to or allowed to engage in desirable and or meaningful interaction with others*. Such social interaction would also be facilitated by an individual's level of access to means / amenities that facilitate social interaction, e.g. telephone, internet, transportation, banks, health centres, grocery stores etc.

This research combines both the health and social perspectives to develop the key definitions that have been used to guide this study. This approach is consistent with the idea that people who are isolated are at increased risk for physical deterioration, mental illness, and even death : "*Among older adult populations, social integration and participation in society are regarded as important indicators of productive and healthy aging ... and it has been suggested that social support has a strong protective effect on health*" (World Health Organization, 2003). Further to this argument, social support, a desirable consequence of social integration, is considered to be a human necessity. According to Findlay, (2002), "social supports and social networks are fundamental to the overall quality of life, but … many older people experience a significant degree of isolation [because of their lack of social supports]".

Current literature provides two key concepts that have been used to describe or measure the notion of isolation. They are: (1) ***social isolation***; and (2) ***loneliness*** [which in this study encompasses the notion of ***emotional isolation***) (British Columbia Ministry of Health, 2004). The next two sections below summarise the working definitions of these two concepts employed in this study.

1 **Phenomenon**: a fact, occurrence, or circumstance, which can be reported as being felt / experienced

Social Isolation

This study defines social isolation as the lack of appropriate *relational social capital*[1] which is derived from an individual's membership and participation in a *social network*[2] . Cloutier-Fisher et al (2006). Social networks that are based on trust, reciprocity and well established social norms can provide an individual with both tangible (e.g. material help) and intangible resources (e.g. information, company and support / encouragement / affirmation). A growing body of research has found that the presence of social capital through social networks has a protective quality on health. Inversely, a lack of social capital can impair health. For example, results from a survey given to students in Sweden showed that low social capital and low social trust are associated with higher rates of psychosomatic symptoms, musculoskeletal pain, and depression (Aslund, Starrin, & and Nilsson, 2010).

When social isolation is described in terms of weak or lack of relational social capital, it is evidenced by the lack of significant contact or interaction with kin, neighbours, co-workers, friends, and others. This social isolation is also characterized by the actual absence of significant others in one's social network. When such social isolation occurs, an individual is deprived of opportunities to play meaningful roles within the family, neighbourhood and community.
Social isolation can result from both ***(a) physical factors*** (i.e. living conditions such as physical space and how this limits or facilitates access and or utilisation of social contacts and social amenities) and ***(b) social factors***, including social network conditions; and ***(c) health factors*** (i.e. physical and or mental health conditions that impact the extent to which an individual can effectively interact with others).

Social isolation is objective and can be measured using observations of an individual's social interactions and network (British Columbia Ministry of Health, 2004).

Loneliness and emotional isolation

Loneliness is an indicator of social well being and pertains to the feeling of missing an intimate relationship (*emotional loneliness*) or missing a wider social network (*social loneliness*). Loneliness is subjective and is concerned with the individual's perceptions of relationships, social activity, and feelings about social activity. If a person feels lonely, then they are lonely. Loneliness is an unpleasant feeling in which an individual experiences a strong sense of emptiness. Loneliness is different from solitude, which is simply a lack of contact with other people. People who live a life of solitude are not necessarily lonely if they still have intimate relationships and interactions that are mutually beneficial to those interacting. One way of thinking about loneliness is to regard it as a situation in which there is a discrepancy between one's desired and achieved levels of social interaction (British Columbia Ministry of Health, 2004).
Loneliness or emotional isolation is about *quality and/or the absence of desirable*/meaningful contacts that an individual can connect with. In other words, an individual that is emotionally lonely or isolated can have people around them but still experience isolation / loneliness because of a failure to effectively connect or derive meaningful interaction with others. This may happen because the lonely individual is not fully integrated or embedded (incorporated) into the social group (Ferrara, 2009; Findlay, 2006;). Examples of emotional isolation could exist:-

- Among seniors living in institutions;
- Seniors living with their families whose members have become too busy to have quality time or quality interaction with the older person;
- Older persons who are no longer able or are not given an opportunity to play their traditional role;

1. **Relational social capital**: refers to the nature and character of the connections between individuals and the groups in which they are part of and / or participate in.
2**. Social network:** the web of social relationships that surround an individual and the characteristics of those ties.

Social Isolation

Loneliness or emotional isolation can be evidenced by an emotional withdrawal from other people characterized by an individual deliberately keeping their feelings to themselves completely. Emotional isolation can also be symbolized by an individual's failure or unwillingness to receive emotional support from others. Emotionally isolated people can "shut down" or feel numb, and cannot or do not communicate with others, except perhaps for the most superficial matters (for example: "close the door, shut the light and leave me alone").

This study defines loneliness as "*self reported perceptions or actual experiences of the absence of significant and or intimate social connections, relationships or interactions that are mutually beneficial and engender positive emotions for the individual*". Loneliness is characterised by a sense of powerlessness, feelings of anger / bitterness towards persons, entities, events or circumstance that have withheld or made it difficult for the individual to participate in meaningful social interaction. For example, the loss of a significant other (such as a spouse, family member or friend) or the loss of a role or status (e.g. due to job loss, incapacity to communicate, having different social values) can render a person lonely.

Risk factors for social isolation and loneliness / emotional isolation:

According to a British Columbia Study, (2006), the strongest factors that predict the presence and or describe the intensity of social isolation among older persons are: income, gender, marital status, self-rated health status, length of residence in a locale and home ownership. To this list can be added other factors such as : age, social roles, social networks, social attitudes, ethnicity, immigrant status and religiosity (Hall, 2004; Peters, 2004).

This study looked at eight risk factors which on their own or in combination increase an older person's vulnerability to social isolation, loneliness and emotional isolation. These factors are summarized below.

1. Loss: When older persons experience loss, it is difficult for them to find or develop meaningful replacements for what has been lost (e.g. people, activities, spaces etc). These losses often result in social isolation, loneliness and or emotional isolation **(Findlay, 2006; Tobier, 2000)** Below are examples of losses that might be experienced by seniors / older persons:

- ***loss of health and function***, including hearing and other communication abilities; vision; mobility; and health generally. Loss of health is one of the most important predictors of social isolation, followed by decreased social activity in the previous five years. Conversely, socially isolated people are more likely to experience deteriorating physical and mental health. Individuals with severe physical chronic disabilities, cognitive decline, or depression may be less able to sustain meaningful relationships. Furthermore, mental illness, such as depression, may result in social withdrawal thus causing isolation (Findlay, 2006; British Columbia Ministry of Health, 2004;).

- ***loss of relationships and social networks*** – This loss can arise when significant others such as spouses, partners, children or friends are lost as a result of death, divorce, changing of residential location, leaving employment or discontinuing an important / regular activity, etc. This type of loss reduces the size and quality of the social network that is available to provide social support to the older person. Loneliness appears to be more prevalent among people who are widowed, regardless of gender or the presence of adult children (Peters, 2004). Divorce often results in weakened intergenerational bonds, lower contact with children and presumably less emotional support in old age. While women are more likely to live alone in the later years, they do tend to maintain larger social networks than older men who live alone. Men tend to rely primarily on their

spouse for social support as they age and often fail to rebuild networks after losing a spouse. Hence, older women are more likely to live alone than men, but less likely to live an isolated lifestyle than older men who live alone.

- ***loss of a sense of security*** – sometimes because of physical frailty, unsafe living or environmental conditions and negative attitudes from people in an older person's immediate environment, seniors can feel insecure and vulnerable. This problem can be compounded when an older person is also suffering physical or emotional abuse from those around them and they do not have the capacity to seek outside help. To cope, such seniors may physically or emotionally withdraw in an attempt to stay safe. When this happens, the older person becomes socially and emotionally isolated (Findlay, 2006).

- ***loss of transport options*** (having to give up a driver's licence or being unable to afford to run a vehicle; public transport not being available, affordable, accessible or safe, i.e. not causing injury). This is likely to be an even greater problem for older people living in rural & remote areas. "Transport is critical for maintaining independence and quality of life. An inability to access transport can lead to social isolation and a deterioration in general health and well-being ... Difficulty getting on and off public transport, resulting in loss of dignity, and poor design factors which impact on safety, such as lighting and steps, may result in older people not being willing to use public transport" (Findlay, 2006).

2. Living in poverty: Seniors living below the poverty line are also among those who may suffer most from social isolation because they cannot afford to visit with family / friends or participate in social events (Tobier 2000).

3. Having to perform demanding social roles – for example, "Providing long-term, full-time care to a spouse or other family member, especially where there are few other informal supports available, can cause an older person to be socially isolated" (Findlay, 2006).

4. Inability to communicate effectively – when older persons do not have the capacity to communicate effectively either because they do not have the language capability, lack technological knowhow to use communication tools (e.g. phone, internet, bank machines etc), or lack functional literary, older persons tend to become more isolated. Older persons can lose language capability if they migrated long ago and there was no follow up migration from their social group to create a strong community with whom they could maintain their language capability and cultural competence; where the cultural group is diminishing; having never learnt English / French; loss of language capacity due to dementia (Findlay, 2006) Inadequate capacity to communicate limits an older person's ability to acquire knowledge, skills and the confidence needed to engage in meaningful interaction or obtain needed social resources. When combined with the lack of a good social network, inadequate capacity to communicate greatly increase the isolation of older persons (Findlay & and Cartwright, 2002).

5. Place of residence – geographic location affects proximity to social network (i.e. family and friends) and social services / amenities. When older persons live alone or far away from family, friends and service providers, the likelihood of isolation (both social and emotional) increases. This is because distance from family and social network reduces instances for meaningful social interaction while curtailing instances for receiving nurturing and support. This problem is compounded when an older person has additional difficulties arising from some or all of the risk factors mentioned above. For example, a study of older persons living in an institution observed that "*… although staff may be kind and caring, that is not the same as having family and friends close by .... even longstanding friendships rarely sustain the move of one of the parties to an institution, after which the dependent person may become "socially dead. It's a sad fact that about one person in every three who is in a nursing home doesn't have a visitor in a twelve month period*" (Findlay, 2006).

When coupled with poor health or physical impairment, living alone curtails the extent to which an older person can create and or maintain a good social network. Reduced social contact can precipitate a feeling of loneliness (Peters, 2004).

6. Period of residence – older persons who have not lived long in their neighbourhood, community, city or country are more vulnerable to isolation because they have not had the opportunity to build effective social networks. Such seniors also tend to have less knowledge about where and how to get the services that they need (Cloutier-Fisher et al 2006; Findlay & and Cartwright, 2002;).
Related to this factor is the issue of ethnicity and cultural differences which create barriers to social interaction and or access to social resources. These barriers become more accentuated for older persons.

7. Age and Aging of the Baby Boomers - baby boomers are projected to experience greater social isolation given their lower rates of marriage, high levels of divorce, and fewer children. Several researchers have found loneliness to be a correlate of aging itself and that there was a gradual increase in loneliness up to the age of 90, after which a levelling off was found. This increase in loneliness with aging itself may be attributable to interactions with other factors such as the loss of contemporaries, loss of or diminishment of social network, cognitive impairments, disability and the loss of social roles (Findlay, 2006).

Another age related risk factor are the social attitudes towards older persons, which if negative, can have a detrimental effect on the ability of older persons to have satisfying and meaningful social interaction within their family, neighbourhood or community (Findlay and Cartwright, 2002)

8. Gender – older men are likely to experience more isolation, especially when they are also living alone because they are either single, widowed or divorced. Such men are more vulnerable because they have lost their social network and have not been able to replace it. Women in similar circumstances are likely to be less isolated because women are better able to develop new social networks than men (Findlay, 2006; Hall 2004; Peters 2004).

Effective interventions for reducing social and emotional isolation of seniors

Current research suggests that social integration is the most effective means for reducing isolation among older persons. This is because integration aims to increase an individual's social capital through the development of social networks. By increasing the volume and improving the quality of social capital, integration is supposed to reduce an individual's perception and or actual experience of loneliness and emotional isolation. It is argued that social integration (i.e. participation in a broad range of social relationships and activities), promotes better health in older persons by providing social support if and when it is needed. When older persons hold a strong perception that they can obtain social support when it is needed from family, friends, neighbours, the community or agencies, such a perception acts as a buffer against stress which may very well result in or accentuate experiences of social isolation and or loneliness.

There are 2 approaches to preventing social isolation (Dulmus and Rapp-Paglicci (2005) that underpin the social integration strategy:

- ***Risk reduction*** – this approach identifies risk factors[1] and matches them to empirically tested interventions
- ***Promotion of resilience*** – this approach reduces the emergence of isolation by strengthening factors that promote health and resilience while compensating for risk elements in the lives / environments of older persons in their homes, work, peer group or neighbourhoods by working with the individual, their family or community.

1 **Risk factors:** are those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will experience social isolation.

There are 2 components of social integration which distinguish between (a) social roles and (b) the meaning experienced in participating in those roles.

- ***Active engagement*** (which targets behaviours) in a wide variety of social activities and relationships
- ***Cognitive*** (which targets how a person feels) - a sense of community and identification with one's social roles

Cattan, White, Bond and Learmouth (2005) suggest that group interventions are the most effective means for increasing social integration, thus reducing social isolation and loneliness. This is because group interventions help older persons to increase their social contacts and the extent to which they engage in social interaction. However, the degree to which group interventions can succeed in reducing social isolation depends on the structure, content, strategy and environment within which the intervention is implemented. As written in the Queensland Community Service Department Best Practice Guidelines, when there is a culture of caring and an atmosphere of respect and trust, older persons are attracted to participate in group interventions. "*Projects should [therefore] be socially and culturally appropriate, and tailored to specific needs of target groups and/or individuals ..... More than one project approach may be required to sensitively meet the diverse and culturally-specific needs of different groups. One model does not fit all".*

According to Cattan, White, Bond and Learmouth (2005), interventions are more effective at reducing isolation when they:

- Are **group focused** - When interventions are group based and target a particular group / risk factors (e.g. such as women, care-givers, the widowed, the physically inactive, or people with serious mental health problems), run as part of an existing program, they tend to be more effective. While one-on-one service providing interventions are good for decreasing social isolation, they still lack the social interaction that would reduce emotional isolation.
- Have **educational input**, for example, Anderson (1985) found that an intervention among small groups of older women who lived alone and who discussed health-related topics, significantly reduced loneliness. This is because the intervention increased social contact, self-esteem and participation in organised activities. A similar intervention comprising a structured skills course for lonely older women reported reduced loneliness, improved self-esteem, and a significant increase in the complexity of friendship contacts.
- Encourage **participation** by older persons in the organising and running of the group so that older persons can gain control of the events around them and take ownership. Participation also enables older persons to take initiative and participate in making decisions to ensure that program content and strategy are shaped by the needs and perspectives of the older persons. Seniors who are active participants in the project can become valuable roving ambassadors for the project, encouraging others to join and sharing information
- When participants **live in close proximity to the place of activity**, it allows the older persons to develop contact outside the intervention context,
- Interventions that are **longer than 6 months** enable older persons to create routines and stability, thus reducing uncertainty. Longer interventions also enable older persons to develop and nurture relationships with other group members, thus build self esteem and confidence that can be used outside the context of the group intervention (Queensland Community Service Department Best Practice Guidelines).
- **Recruitment of project coordinators with demonstrated leadership skills** who can develop respectful and trusting relationships with local seniors. (Queensland Community Service Department Best Practice Guidelines)

Section 3: Methodology used for the research project

In this study, two key concepts were used to describe the phenomenon of isolation:

1. Social isolation – which can be objectively observed and described by an outsider in relation to an individual that is considered to be vulnerable to or experiencing social isolation.
2. Loneliness [which in this study encompasses the notion of emotional isolation). Loneliness is a subjective concept, i.e. an individual can only be described as lonely or emotionally isolated based on what the individual reports as their perceptions, feelings or experiences.

In order to measure the extent to which Muslim Seniors in Scarborough are vulnerable to or actually experience isolation, it was important to break down the two concepts of social isolation and loneliness into smaller components, i.e. factors, about which detailed questions could be asked of different informants. Below is a description of the different factors that were developed to facilitate information gathering and analysis of the occurrence / experience of isolation among Muslim Seniors in Scarborough.

Social isolation

Three factors were employed to measure or describe the extent to which Muslim Seniors in Scarborough could be considered to be vulnerable to social isolation:

1. Physical factors
- *Residential status*
- *Living arrangements*
- *Availability and accessibility of social amenities*
- *Transportation options*

2. Social factors
- Social network : existence, size, accessibility, frequency, quality and outcomes of interaction
- Economic / Financial freedom

3. Health factors
- Physical impairment
- Loss of hearing and vision
- Chronic illness

Loneliness and emotional isolation

Mental health was the only factor used to measure / describe the perception or experience of loneliness and emotional isolation among Muslim Seniors in Scarborough. Sub-factors from which specific questions were developed were:

- Loss of significant others
- Sense of personal control and feelings of security
- Care giving burden
- Feelings of anger / bitterness, sadness, being neglected, being abused
- Mental clarity / acuity to make decisions
- Loneliness, aloneness
- Interest in social interaction

How interventions to reduce isolation were evaluated in this study

Two factors were considered in evaluating the effectiveness of interventions to reduce isolation among Muslim Seniors in Scarborough:

- Self reported activities of interest by the Muslim Seniors;
- Program interventions implemented by community agencies serving seniors in Scarborough

Methods used to collect information and data

Information and data for this study was obtained from **Scarborough Muslim Seniors** and **community agencies** which run seniors' programs in the Scarborough area of Toronto.

1. Scarborough Muslim Seniors, male and female, aged 45 years and above, living in the Scarborough area of Toronto. Two methods were used to obtain information from the Muslim Seniors:

- ***Survey*** – a total of 224 potential informants were approached. Only 203 agreed to be interviewed.
- ***Focus group discussion*** – to create a comfortable environment for participants, two separate discussions for a group of 8 men and a group of 8 women.

2. 12 Community Agencies who run programs for seniors in the Scarborough area of Toronto.

How data was collected, processed and analyzed

Two methods were employed to collect data and information for this study:-

1. A survey of Scarborough Muslim Seniors;

2. Focus group discussion : (a) as a follow up to the Muslim Seniors Survey; and (b) with Scarborough community agencies which serve seniors.

Scarborough Muslim Seniors Survey

Development of questionnaire

A draft questionnaire was developed using information from a number of sources: a first round draft questionnaire developed from initial discussions with seniors participating in the NAMF Seniors Program and a literature review. This draft was circulated for comment among members of the project steering committee to check for the following:

- Length of questionnaire
- Suitability of language
- Appropriateness of the structure and order of questions
- Relevance and completeness of questions

Following a short revision, the questionnaire was pilot tested on 15 participants of the NAMF Seniors Program and finalised; it was highly structured and could have been self administered, i.e. have informants complete the questionnaire for themselves. However, to ensure that the project was well understood before an individual agreed to participate in the survey, a decision was made to have the questionnaire administered by trained interviewers from the NAMF Seniors Program. This strategy improved the rate of questionnaire completion. The strategy also worked well with the convenience sampling procedure using the snowballing technique[1] to identify and recruit participants for the survey.

1. **Convenience sampling** is a procedure used to survey difficult to reach populations. Participants are recruited from "places of convenience", i.e. where a reasonable number congregate with sufficient diversity to cover all the possible characteristics of the population that is being studied. In this case, community events from March to April 2011 and Mosques in the Scarborough area provided places of convenience for the recruitment of participants. The **snowballing technique** helps to establish trust between the surveyor and the participants in that an initial pool of individuals willing to participate are recruited. This initial group then provides referrals to other potential participants that they know and if possible, provide an introduction. Such a process removes some of the initial reluctance / resistance that potential participants may have once they know that those they trust have already participated and or recommend participation in the survey as a process that brings no harmful consequence

Appendix 2 is a complete version of the questionnaire that was used for the Scarborough Muslim Seniors survey.

Training and supervision of interviewers: Ten volunteers from the NAMF Seniors Program (6 females and 4 males) were trained to interview individuals that agreed to participate in the survey. It was important to include both females and males among the interviewers so as to be in line with the cultural norms and mores of the population being surveyed. The initial training covered the basics of interviewing. The second phase training involved a full discussion of the final questionnaire and practice interviews, including the recording of responses onto the paper questionnaire. The work of individual interviewers was assessed and a group discussion was held to give feedback, offer more tips on effective interviewing techniques and further clarification of questions that had not been clearly understood.
During the actual survey, the NAMF Seniors Program Coordinator collected all completed questionnaires, checked them for completeness and followed up with individual interviewers if questionnaires were not complete.

Identification and recruitment of survey participants

Several strategies were employed to identify the initial group of participants who in turn provided referrals to people that they knew:

- **Volunteers** from the NAMF Seniors Program
- **Announcements / Calls at 5 Scarborough Mosques**, including the one at NAMF; when needed, initial contact was made with appropriate contact persons to provide information on the study and survey. A request was then made for an announcement to be made requesting those willing to participate to meet with the NAMF coordinator and the group of interviewers. Where possible, interviews were conducted on the same day. However, when this was not possible, arrangements were made for interviews to be conducted on a date and time convenient to those willing to take part in the survey.
- **Request to attendees of various events** at NAMF and the Scarborough Town Centre, e.g. NAMF Family Day,

A total of 203 questionnaires were completed and captured into a database.

Scarborough Muslim Seniors focus group discussion

A preliminary examination of the survey data indicated that responses to the question on the care giving social role needed further clarification. Two focus group discussions were held for some of the (a) men; and (b) women who had participated in the survey. Each focus group had 8 participants. Separating the men from the women was intended to create a comfortable environment for discussion. Each focus group lasted 90 minutes and was facilitated by a leader. Proceedings were recorded by a note taker and later processed using simple content analysis techniques. The meetings were held at NAMF which was a readily accessible location for participants and provided comfortable space and facilities. No special incentives were provided to participants except for refreshments that were served during the meeting.

Below are the list of questions that were used to guide the focus group discussion:

Questions for Scarborough Muslim Seniors who participated in survey:

1. Do you think that older persons back home (i.e. your country of origin) experience less emotional isolation than the seniors here in Scarborough / Toronto? Why is this the case?

2. What suggestions can you make to reduce emotional isolation for Muslim Seniors in Scarborough?
a) What can the seniors do for themselves?
b) What can individuals (i.e. family, friends, neighbours) do to help the Seniors?
c) What can the community in general do?
d) What organisations / groups are already helping Seniors to become less emotionally isolated? What are they doing which is helpful? What are they not doing? What are they doing which is not helpful?
e) What role should the city, the government and public educational institutions do to improve the situation for older persons experiencing emotional isolation?

Scarborough Muslim Seniors focus group discussion

One focus group discussion was held for 8 representatives from various Scarborough community agencies that serve seniors. One of the community agencies, whose location was convenient and readily accessible to the participants, offered meeting space and facilities. This focus group lasted 90 minutes. The meeting was facilitated by a leader. Proceedings were recorded by a note taker and later processed using simple content analysis techniques. No special incentives were provided to participants except for refreshments that were served during the meeting.

Below are the list of questions that were used to guide the focus group discussion:

Questions for community agencies

- What is your understanding of social isolation?
- What organisations in Scarborough do you know that work with seniors?
- What programs do they offer?
- What is the aim of these programs?
- What methods are used to deliver these programs?
- How are seniors recruited to participate in these programs?
- How do seniors respond to these programs?
- What do seniors think of these programs?
- Which of these programs work well? Why?
- Which of these programs do not work well? Why?
- What are the challenges for delivering programs to seniors in Scarborough? Muslim Seniors in particular? Why do the challenges exist? What should be done to deal with these challenges?
- What needs of seniors are not being addressed by (1) community agencies and their programs; (2) families; (3) the community in general? Why is this the case? What should be done to improve the situation? Who should do this?

Data Processing

Survey Data: Once all the survey questionnaires had been received, each questionnaire was examined to check for completeness and given a unique identification number. The responses for each questionnaire were entered into an MsExcel database that was created using Survey Monkey software. This database was then coded and transformed into an SPSS database to be analysed. Descriptive statistics were generated from the data to create summary tables and graphs for each of the questions contained in the questionnaire. Cross-tabulations were also compiled to create tables comparing different categories of the data representing different groups within the sample.

Summary of focus group discussions: Detailed notes that were compiled during the focus group discussions were content analysed to establish themes, conclusions reached during the discussions and the recommendations that were made by the discussants.

Section 4: Research Project Findings & Interpretation of Results

Characteristics of Sample

The total number of persons that participated in the survey was 203. Of these, 95 (46.8%) were male and 108 (53.2%) were female. The majority of the sample were born in South Asia (61.5%) and considered themselves to be ethnically South Asian. Table 3 below summarises the sample percentage of Scarborough Muslim Seniors by ethnicity and country of origin.

Table 3: Scarborough Muslim Seniors' Sample Ethnicity

	Ethnicity		***Country of birth***	
	Frequency	***Percent***	***Frequency***	***Percentage***
South Asian	123	61.2%	115	61.5%
Caribbean	29	14.4%	35	18.7%
Middle Eastern	13	6.5%	11	5.9%
Latin / South American	10	5.0%	1	.5%
Sub-Saharan African	10	5.0%	8	4.3%
North African	7	3.5%	7	3.7%
European	4	2.0%	2	1.1%
North American (Excluding Canada)	2	1.0%	-	-
Canadian	1	.5%	4	2.1%
South East Asian	1	.5%		
Other	1	.5%	4	2.1%
Total	**201**	**100%**		

Age is the main characteristic that was used to determine that the right individuals were interviewed for the survey. While residential address was also used to exclude persons residing outside the geographical area covered by the survey, no statistical record was made of the survey participants by residential address.

For this study, persons over the age of 55 years are considered to be seniors or older persons. The community which is the subject of this research regards persons above the age of 45 to be senior because culturally, such persons are estimated to have adult children and grandchildren, a characteristic that is used to designate a person as a senior. However, general statistical convention only assigns the term "senior" to persons aged 55 years and above. From the discussions held during the course of the research, it was decided to include persons aged from 45 years and above in the sample. However, persons between 45 and 54 years were placed into a category labelled as "younger seniors". Their views and responses were considered together with those from respondents who were more than 55 years of age.

Below is a graph showing the age profile of those that participated in the survey.

Chart 1: Age Profile of Sample

Physical Isolation

Well over half of the sample is considered not to be vulnerable to physical isolation in that 79% live with family while 3% live with friends. Only 35 persons (17.8%) reported that they live alone. (As will be observed later, when individuals live alone, such persons may not necessarily be isolated if they engage in social interaction and do not report perceptions or experiences of loneliness or emotional isolation.)

Another statistic measuring physical isolation is that more than 50% of the sample had both family and friends either living in their neighbourhood or in Toronto. These percentages show that the majority of the people sampled have a good sized social network living in close proximity to them. This provides a lot of opportunity for respondents to create and maintain relationships through social interaction. These findings suggest that physical isolation is not a significant factor in increasing isolation for Scarborough Muslim Seniors.

Charts 2 and 3 below show the breakdown percentages of respondents' living arrangements and the proximity of friends and family.

Chart 2: Respondents' Living arrangements

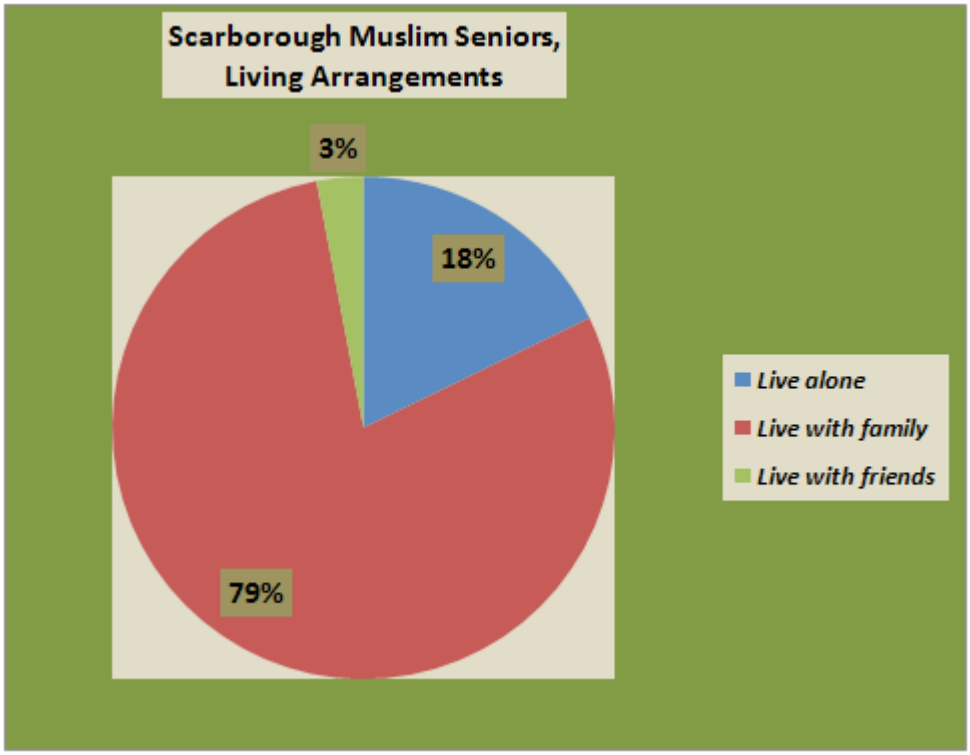
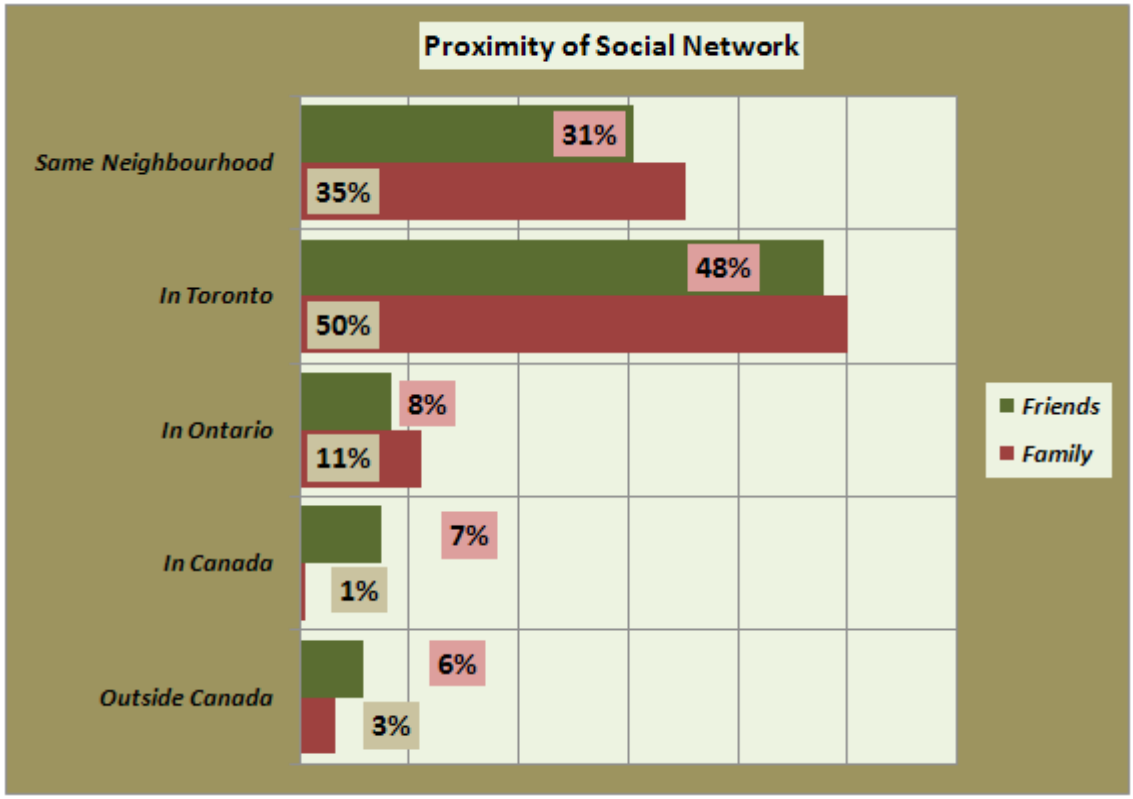


Chart 3: Respondents' Proximity of Social Network



Social Isolation

Marital Status

Marital status does not appear to be a significant risk factor for vulnerability to social isolation for Scarborough Muslim Seniors - the majority (nearly 70%) of the people sampled in the survey are married. However, no follow up question was asked to check if those who are married live with their spouses. If this statistic is considered together with statistics on residential status, proximity of family / friends, and the respondents' length of stay in Canada, it may be safe to assume that those who are married are likely to be living with their spouses. This is because over 60% of the respondents had lived in Canada for more than 10 years, a long enough period for them to have been united with their family, including spouses. Table 4 below shows the marital status of the people surveyed.

Table 4 : Marital Status of Scarborough Muslim Seniors

	Frequency	*Percent*
Single (never married)	8	3.9
Married	140	69.0
Divorced	13	6.4
Widowed	42	20.7
Total	**203**	**100.0**

Length of residency in Canada and Toronto, size of social capital

About 80% have long residence in Canada and Toronto. They have lived here for more than 6 years, they are no longer considered as new immigrants according to many settlement programs run by the province of Ontario. This suggests that the majority of the respondents have lived in Canada and Toronto long enough to build sizeable social capital, i.e. many connections to others and being participating members of a number of different social groups. This observation is confirmed by the large percentage (more than 95%) of respondents with at least one social connection (i.e. family and or friend). Of, these, more than 50% have at least 6 or more connections. The majority of respondents indicated that they were in frequent contact with their family and friends. Table 5, Chart 4 and Chart 5 below summarises the respondents' length of residency in Canada and Toronto, number of social connections and frequency of contacts with social network respectively.

Table 5 : Years of residing in Canada and Toronto

	Canada		*Toronto*	
	Frequency	*Percent*	*Frequency*	*Percent*
Less than 3 years	17	8.6%	20	10.1%
4 - 6 years	23	11.7%	24	12.1%
7 - 10 years	19	9.6%	18	9.0%
11 - 15 years	26	13.2%	23	11.6%
16 - 20 years	22	11.2%	25	12.6%
21 years and over	90	45.7%	89	44.7%
Total	**197**	**100%**	**199**	**100%**

Chart 4 : Scarborough Muslim Seniors, Number of social connections

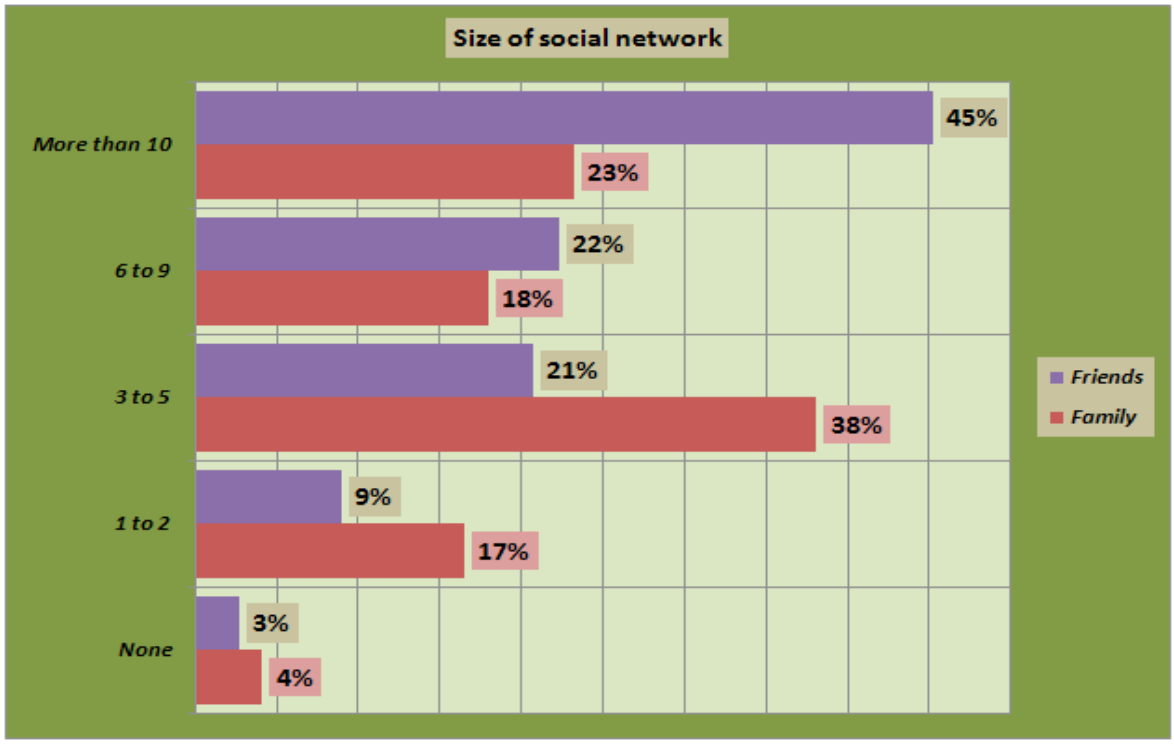
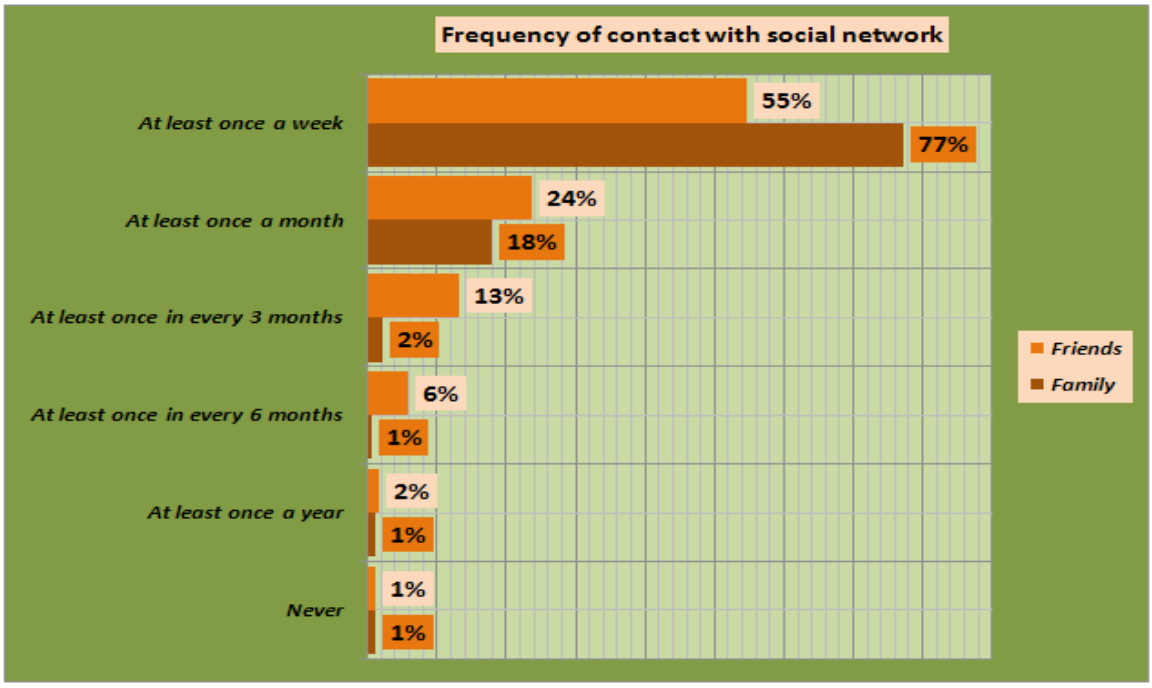


Chart 5 : Scarborough Muslim Seniors, Frequency of social connections



Quality of social capital

The majority of respondents expressed satisfaction with the quality of their social network in that more than 61% always looked forward to connecting with friends and family while about 57% regarded their relationships with family and friends to be mutually beneficial. This statistic is consistent with that on frequency of contact with the social network. The assumption is that higher frequency of contact

with the social network. The assumption is that higher frequency of contact suggests that respondents are having a positive experience from the social contact because of the good qualities of the social network. It therefore appears that **quality of social network** is not a significant factor in increasing the vulnerability of Scarborough Muslim Seniors to social isolation. Chart 6 below summarises the sentiments expressed regarding quality of social network by the respondents.

Social interaction

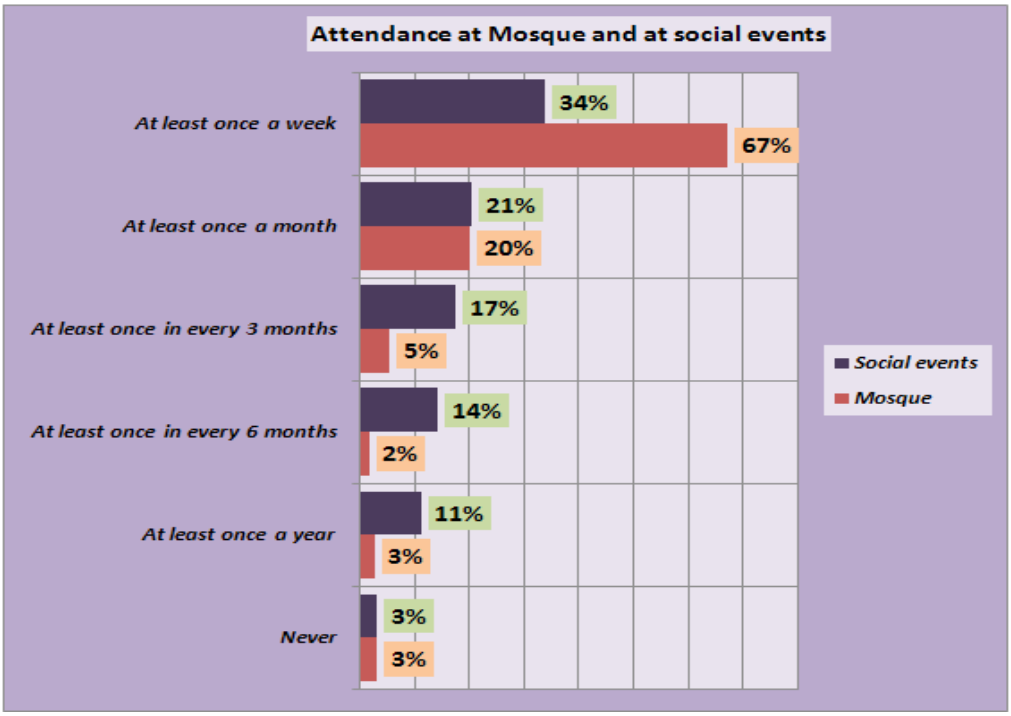
Almost all respondents (90.7%) indicated their willingness to **participate in activities and events outside their home**, especially those connected with or taking place at the Mosque (87.3% attended Mosque at least once a month) while about 54% of the respondents indicated that they participated in other social activities outside the home. This finding is consistent with what the respondents listed as the top activities that they would like to engage in: for about 42% of the respondents, community participation and attending Mosque were ranked as highly liked activities by the majority of the respondents.

Table 6 below summarises respondents' willingness to engage in social interaction outside the home. Chart 7 shows how frequently the respondents participate in social events at the Mosque and other community events.

Chart 6: Scarborough Muslim Seniors' willingness to engage in social interaction

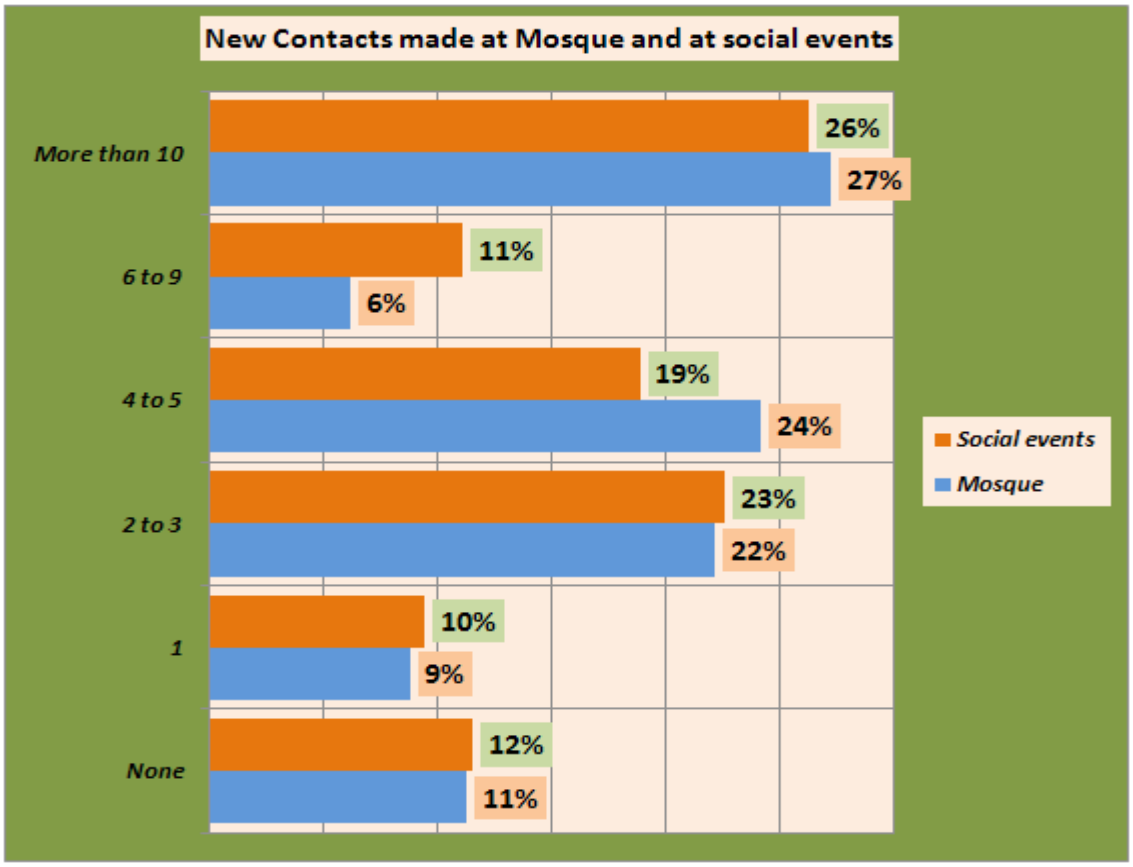
	Frequency	*Percent*
Yes	175	90.7%
No	18	9.3%
Total	**193**	**100%**

Chart 7: Scarborough Muslim Seniors' frequency of participating in social events outside the home



Nearly 90% of respondents indicated that they had made at least 1 friend by engaging in Mosque and community based social activities. This suggests that social interaction was not only social engagement but also included social capital formation in the form of **long term, mutually beneficial relationships**. Chart 8 below depicts numbers of new contacts made by respondents.

Chart 8: New contacts made at Mosque and social events



Income levels and financial freedom

This study uses a LICO[1] (Low income cut off point) of $18,759, the StatsCan figure for a 1 person household. This is because the reported annual income levels in the survey are for the individual respondent and represent the amount of money that participants in the survey would have control over. Based on this reasoning, it would appear that only a smaller number of the respondents (less

1 **LICO** : Low income cut-offs (LICOs) are intended to convey the income level at which a family may be in straitened circumstances because it has to spend a greater portion of its income on the basics (food, clothing and shelter) than does the average family of similar size. The LICOs vary by family size and by size of community.

LICO for Toronto, 2010 (Source : Statistics Canada)

1 person	18,759
2 persons	22,831
3 persons	28,430
4 persons	35,469
5 persons	40,388
6 persons	44.791
7 or more persons	49,195

than 20%) have an annual income level above the LICO. This suggests that the majority of respondents (about 80%) have incomes that are below the LICO level. It can therefore be conjectured that for most Scarborough Muslim Seniors, low incomes increase vulnerability to social isolation.

This is because for this population, little money is left for them to pay for the costs of social interaction outside the home. Such a conjecture may provide one explanation for the finding that Mosque related social interaction is much higher than general community based social interaction. It would appear that Mosque related social interaction provides more advantage (i.e. spiritual and cultural benefit [derived from shared language and South Asian roots]) compared to general community based social interaction. From this line of thinking, it can be suggested that Scarborough Muslim Seniors would rather spend their limited financial resources on Mosque related social interaction.

Another income related statistic is that of home ownership which again suggests a lower asset base for the majority (about 60%) of respondents who indicated that they do not personally own the accommodation in which they live. While about half of this group (29.6%) live in a house owned by a family member and may therefore not pay rent, it is possible that the older person is still expected to make financial contributions to other household expenses. Should this be the case, it is conceivable that the older person may still have less money available for discretionary spending on such items as social interaction. An observation can therefore be made that indeed, the majority of Scarborough Muslim Seniors do not have personal assets (such as a house) that they could liquidate or rent out in order to increase personal income levels that could be used to meet the cost of social interaction outside the home.

Chart 9 and Table 7 below show respondents' levels of income and house ownership levels respectively.

Chart 9: Scarborough Muslim Seniors Annual Income Levels

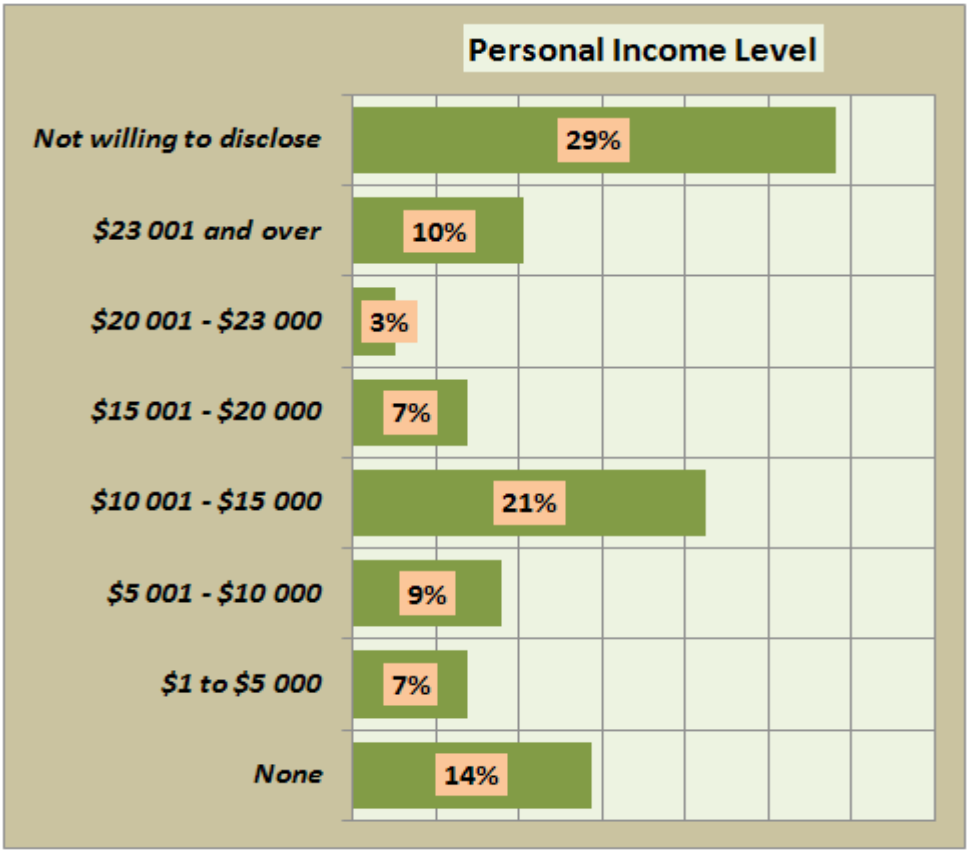
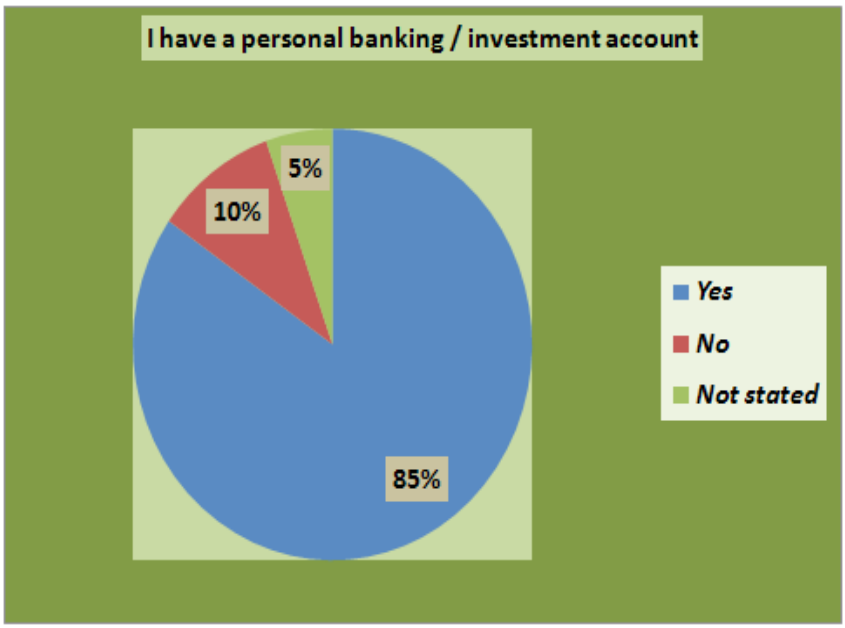


Table 7: Scarborough Muslim Seniors house ownership levels

	Frequency	*Valid Percent*
House I own	56	28.6%
House owned by family member	58	29.6%
Rented accommodation	74	37.8%
Institution for independent living	6	3.1%
Institution for assisted living	2	1.0%
Total	**196**	**100%**

Despite low income levels, sample statistics show that a majority (84.7%) of respondents have a personal bank or investment account, suggesting a degree of personal freedom in managing financial resources. Such financial freedom can reduce the severity of low income as a strong factor in increasing social isolation arising from lack of choice in determining on how an individual spends their money. Chart 10 below shows existence of personal bank / investment accounts for respondents.

Chart 10: Personal bank / investment accounts



Capacity to communicate

Capacity to communicate and the ability to learn are important factors in promoting social interaction. A very high percentage (81%) of the respondents indicated that they were highly proficient in English, one of the official languages in Toronto and Canada. Only a very small percentage (5%) did not read, speak or write English. This finding, coupled with the high levels of education of the respondents in the sample (96%) with more than a high school education, suggests that Scarborough Muslim Seniors have what it takes to effectively interact with others. Urdu as a first language was listed by 48% of the respondents, followed by English at 28.6%. It is therefore plausible to assume that even for those who are not proficient in English, they would still find others within a group setting to translate for them in a language that they would understand.

Chart 11: English Language Proficiency

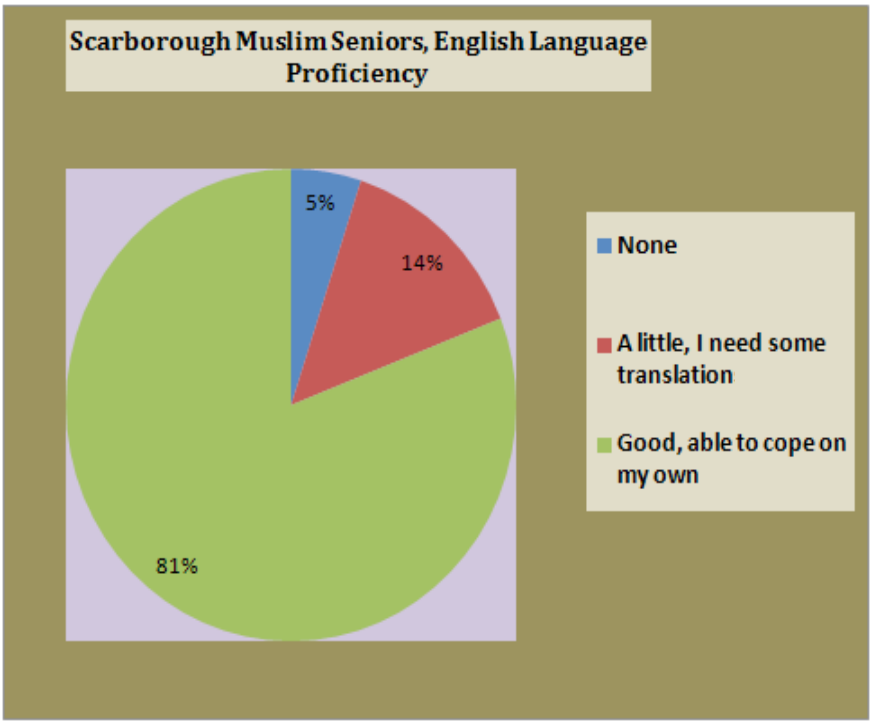


Chart 12: Scarborough Muslim Seniors, Levels of Education

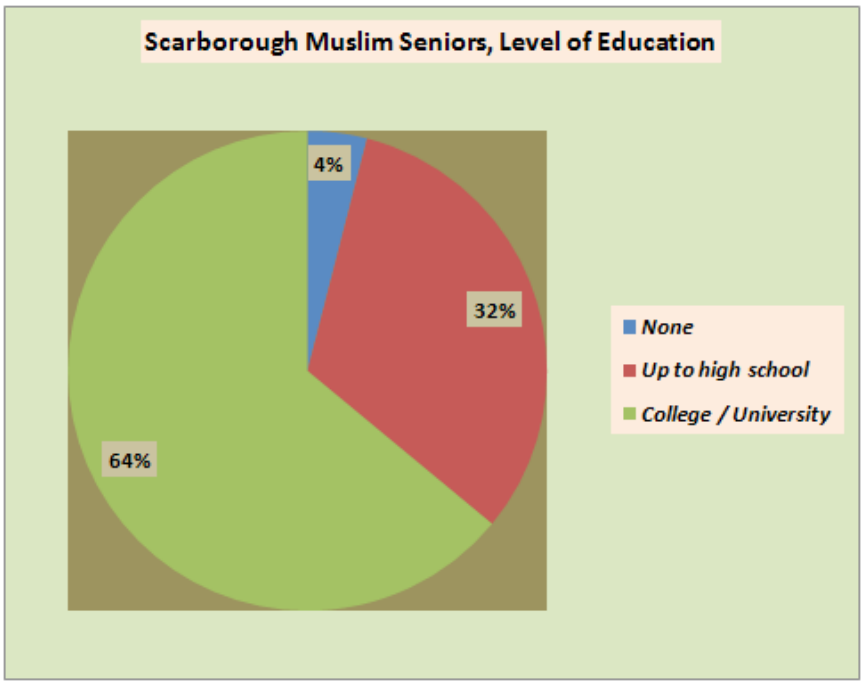


Table 8: Scarborough Muslim Seniors by First Language

	Frequency	Percent
Urdu	84	48.0%
English	50	28.6%
Arabic	17	9.7%
Punjabi	12	6.9%
Tamil	8	4.6%
Cantonese	1	.6%
Polish	1	.6%
Portuguese	1	.6%
Russian	1	.6%
Total	**175**	**100%**

Access to transport was the final factor considered in facilitating communication for the respondents: about 97% used their own cars (52.3%) or public transit (44.7%). Only a small percentage used other options, presumably rides from the social network. These may be individuals who are living in institutions and do not have to travel much to access daily living needs. This finding suggests that for Scarborough Muslim Seniors, good access to transportation decreases their vulnerability to social isolation.

Table 9: Availability of transportation options

	Frequency	Percent
Own car	103	52.3%
Public transit	88	44.7%
other	6	3.0%
Total	**197**	**100%**

Awareness of and access to social services and amenities

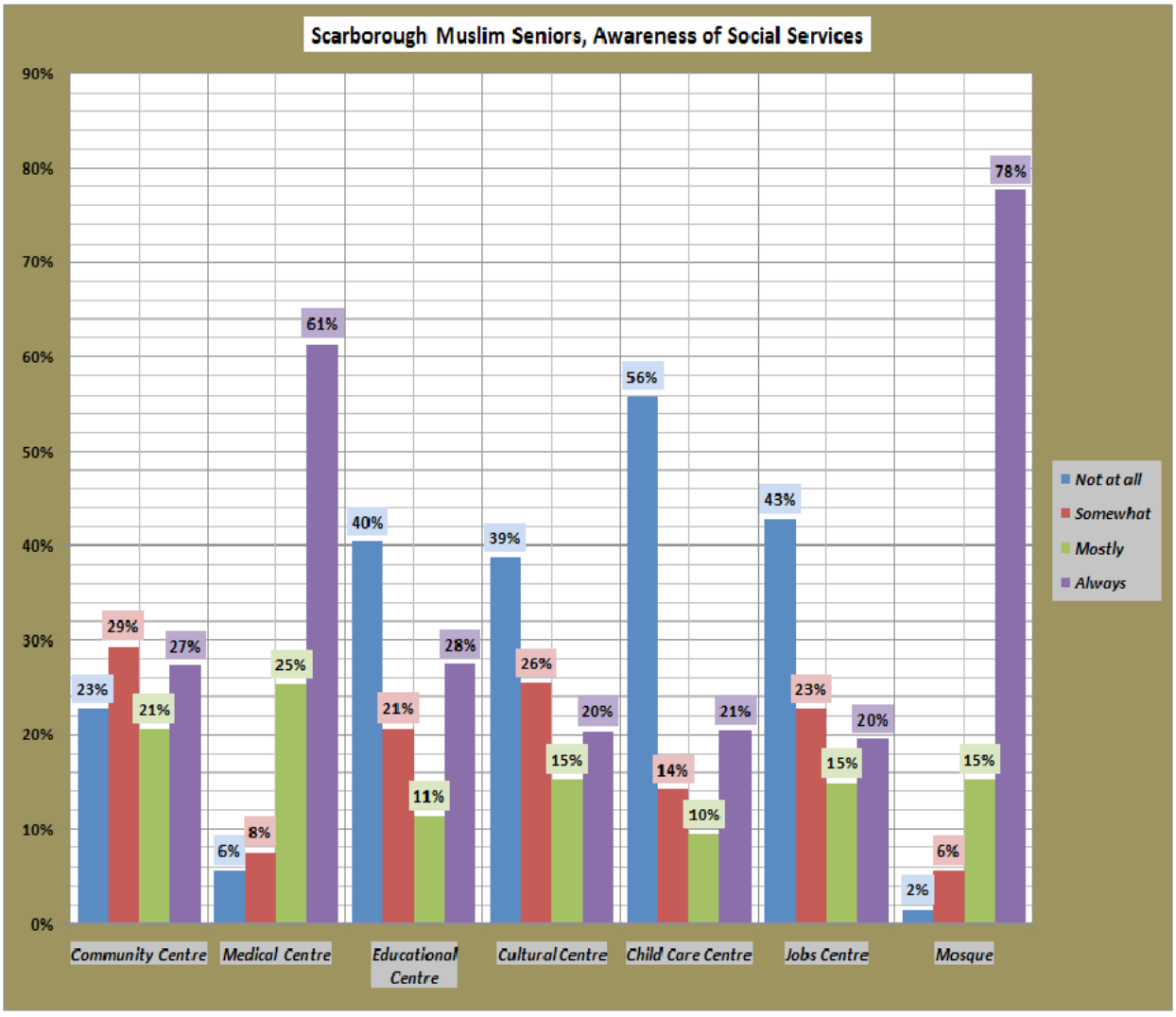
The two places which appear to be most important to Scarborough Muslim Seniors are Mosques (about 93% are clearly aware where to find a Mosque; most social interaction takes place at the Mosque) and medical centres (about 86% have clear knowledge of where to find a medical centre). Four social service places appear to be less important for the respondents when level of awareness is considered:

- *Child care centre* – 56% are completely unaware. This finding is consistent with the indication that about two thirds of the respondents do not have to take care of a family member, including school age children.
- *Jobs centre* – 43% are completely unaware. This finding is consistent with an assumption that most of the respondents are within the post-retirement age group, i.e. past age 55 years.
- *Education Centre* – 40% are completely unaware. This finding is consistent with an assumption that most respondents completed their education long before they became seniors. As found on the level of education statistic, more than 64% of the respondents had post secondary education. Coupled with the likelihood of being out of the active labour force, it would appear that Scarborough Muslim Seniors would have little to do with formal education programs for themselves.

- *Cultural centre* – 39% are completely unaware. This finding may be consistent with the fact that respondents tend to meet their need for social interaction from the Mosque rather than the general community. This finding is also consistent with the observation of service providers who indicated that while the seniors' programs are open to individuals from all ethnic and religious backgrounds, Muslims formed a very small proportion of participants in those programs. This despite the statistic showing that the majority of the respondents had been in Canada for a long period – more than 60% had lived in Canada and Toronto for more than 10 years.

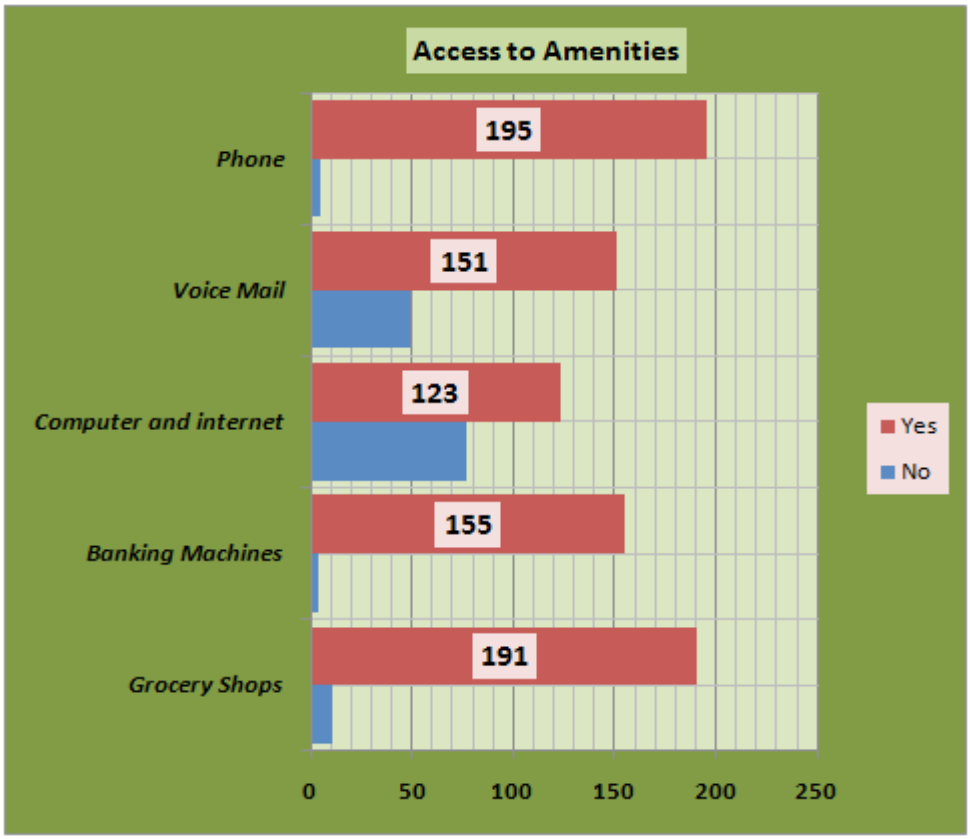
Chart 13 below shows the extent to which respondents are aware of where to find different social service centres. From the statistics, it can be concluded that for the services that they need, respondents are fully aware of where to obtain such services. For those services that they do not need, fewer respondents indicated awareness of where service providers are situated. This finding suggests that knowledge of location of social service providers is not an important factor in increasing social isolation because respondents always find what they need.

Chart 13: Awareness of location of social service providers



Another factor that was considered in measuring vulnerability to social isolation was access to social amenities : grocery shops (95.5%), banking machines (77.5%), computer & internet 61.5%), voice mail (75.9%) and phone (97.5%). All respondents indicated a high level of access as can be seen from chart 14 below. This finding suggests that for Scarborough Muslim Seniors, good access to social amenities is present and is therefore not a significant factor in increasing vulnerability to social isolation.

Chart 14: Access to social amenities



Health factors that increase social isolation

Loss of health does not appear to be a strong risk factor for social isolation for Scarborough Muslim Seniors. With the exception of the chronic illness factor (where more than 50% indicated that they suffered some level of chronic illness), about 60% or more of the respondents indicated that they did not suffer vision loss, hearing loss or physical impairment. However, the majority of respondents indicated considerable cognitive deterioration (71% memory loss; and 70% difficulty in making decisions as a result of being confused). This finding suggests that while physically, respondents appear to be in good health and therefore able to easily engage in physical social interaction, this could be hampered by deteriorating mental faculties. Chart 15 below shows the extent to which respondents are physically healthy. Chart 16 shows the extent to which respondents are experiencing memory loss.

Chart 15: Physical health related risk factors for social isolation

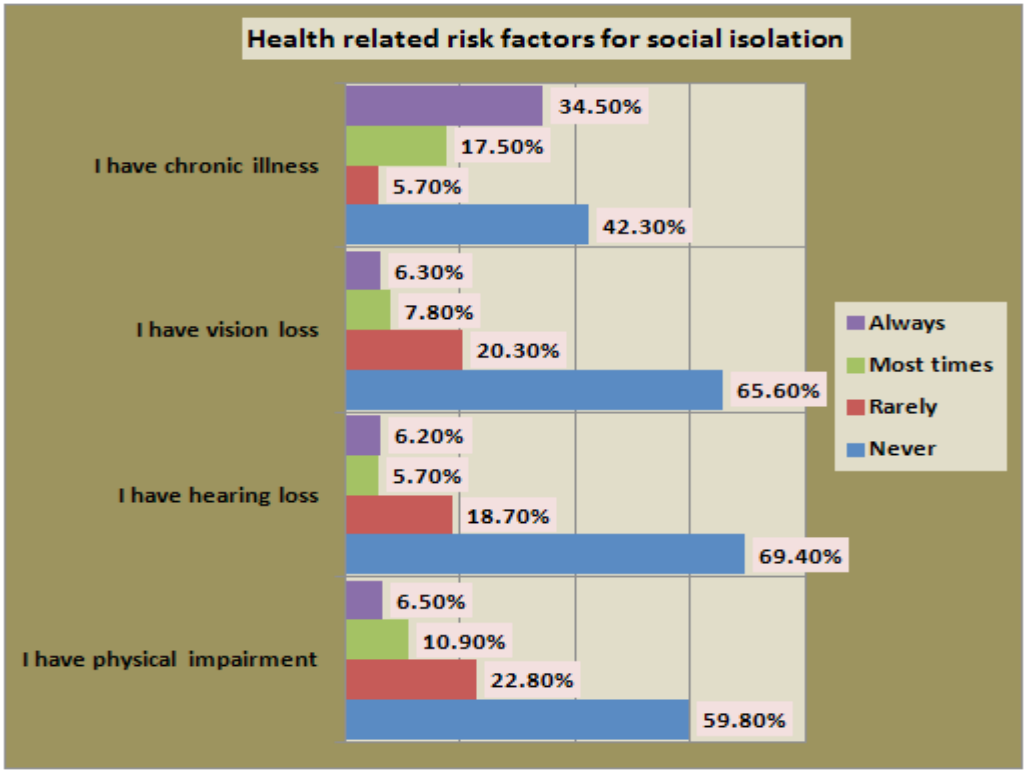
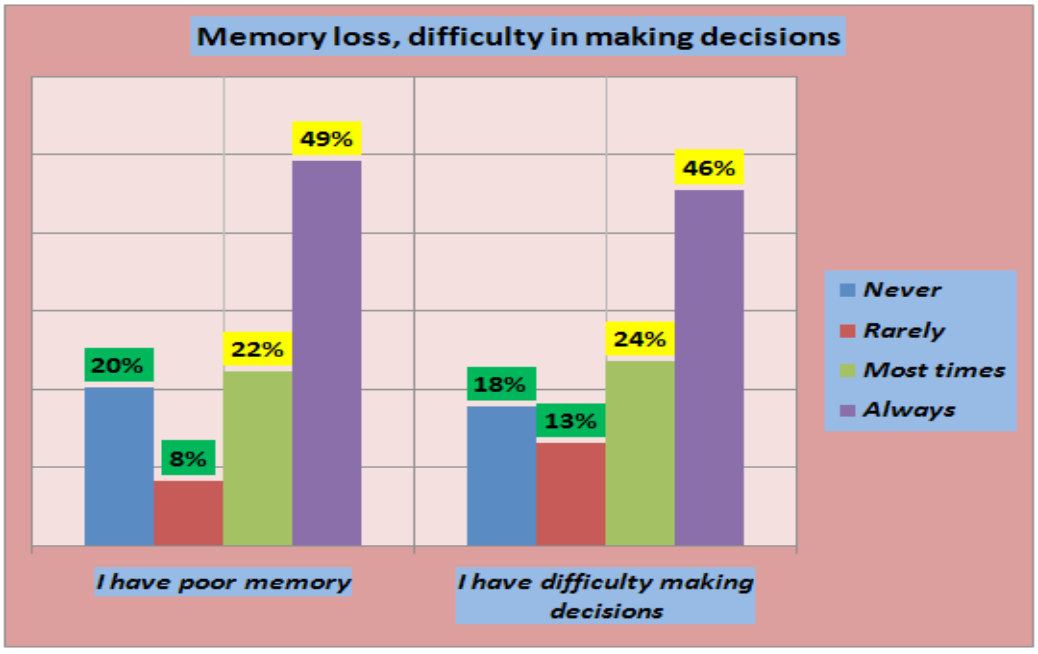


Chart 16: Memory loss as a risk factors for social isolation



Risk factors for vulnerability to Loneliness and Emotional Isolation

Three risk factors for loneliness and emotional isolation were considered: loss of social network, being a caregiver and the extent of respect / appreciation received from family members.

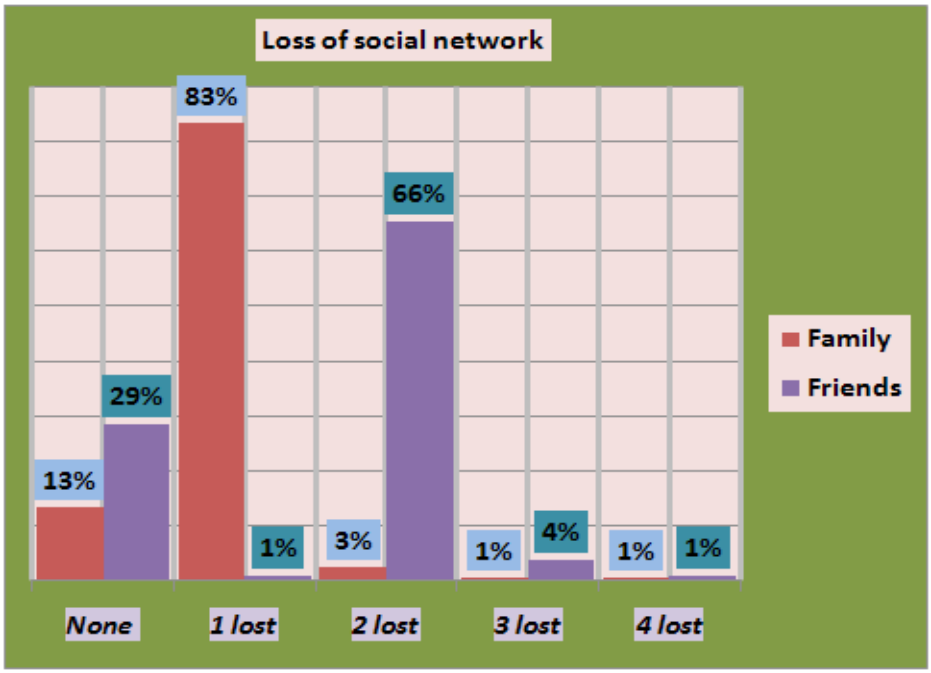
Loss of social network

The majority of respondents indicated that they had lost at least one significant person in the recent past, i.e. during the previous year. A total of 86.8% had lost family members while 71.4% had lost friends. This finding suggests that loss of social network may accentuate the vulnerability of Scarborough Muslim Seniors to both social isolation (because family members or friends that were relied on for social support or interaction are no longer present) and loneliness / emotional isolation (because of the emotional pain and grief experienced after the death of a loved one which may take long to go away). Table 10 and Chart 17 summarise the percentages of family members and friends that were lost during the previous year.

Table 10: Loss of social network

	Family members	***Friends***
None	13.3%	28.6%
1 lost	83.3%	1.0%
2 lost	2.5%	65.5%
3 lost	.5%	3.9%
4 lost	.5%	1.0%
Total	**100%**	**100%**

Chart 17: Loss of social network

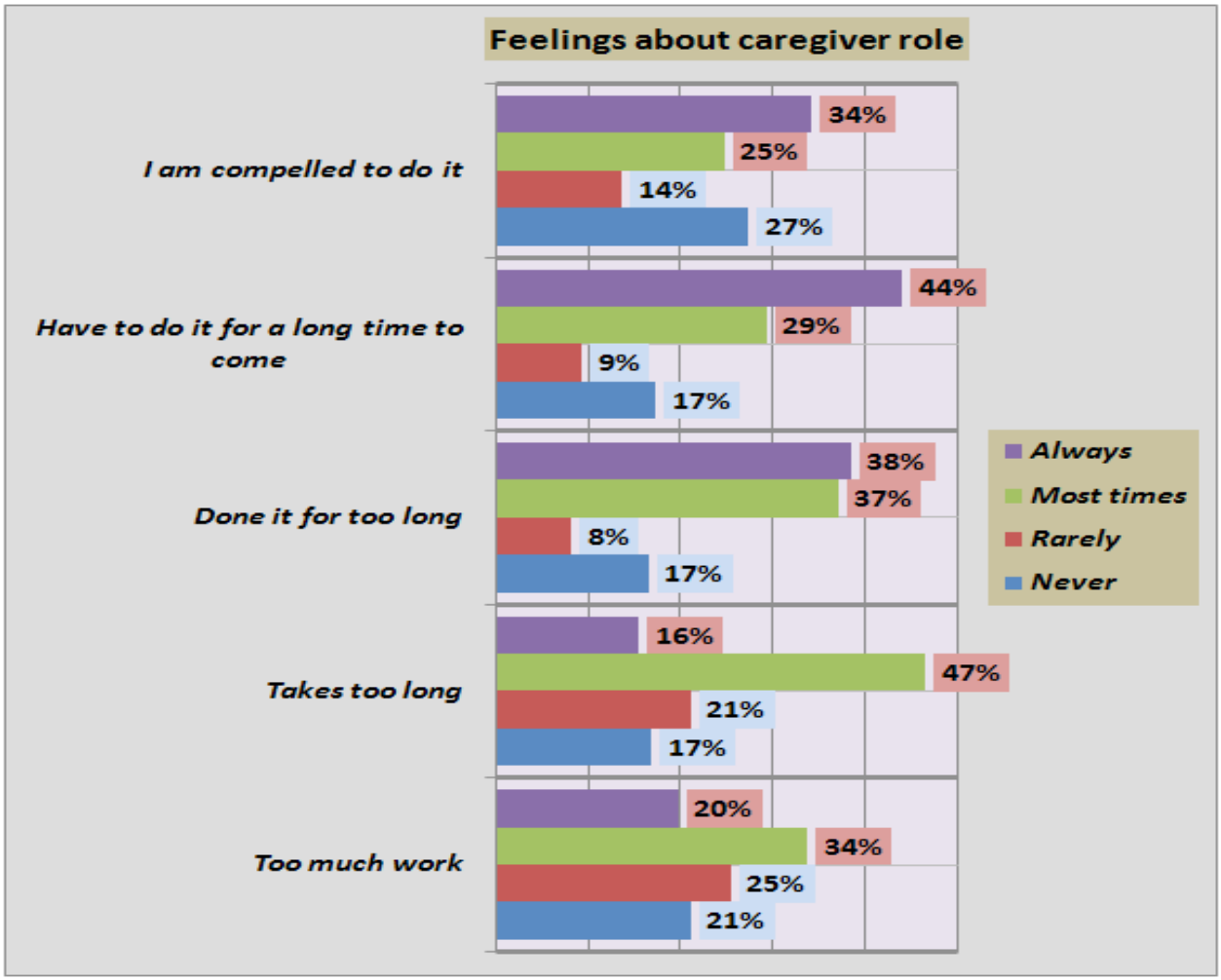


Being a caregiver

Having to be a caregiver does not appear to be a requirement for most of the respondents, only 34.5% indicated that they had to take care of a family member. This suggests that for most Scarborough Muslim Seniors, taking care of a family member or a friend is not a significant risk factor for vulnerability to both **social isolation** (because the more time a person spends taking care of another reduces the time available for social interaction) and **loneliness / emotional isolation** (because as can be seen

from Chart 18 below, care-giving can be both physically and emotionally draining). However, for those that have to be a caregiver, there was a sense from the majority (nearly 80% on each of the 5 factors that were measured) that the role is demanding both physically and emotionally.

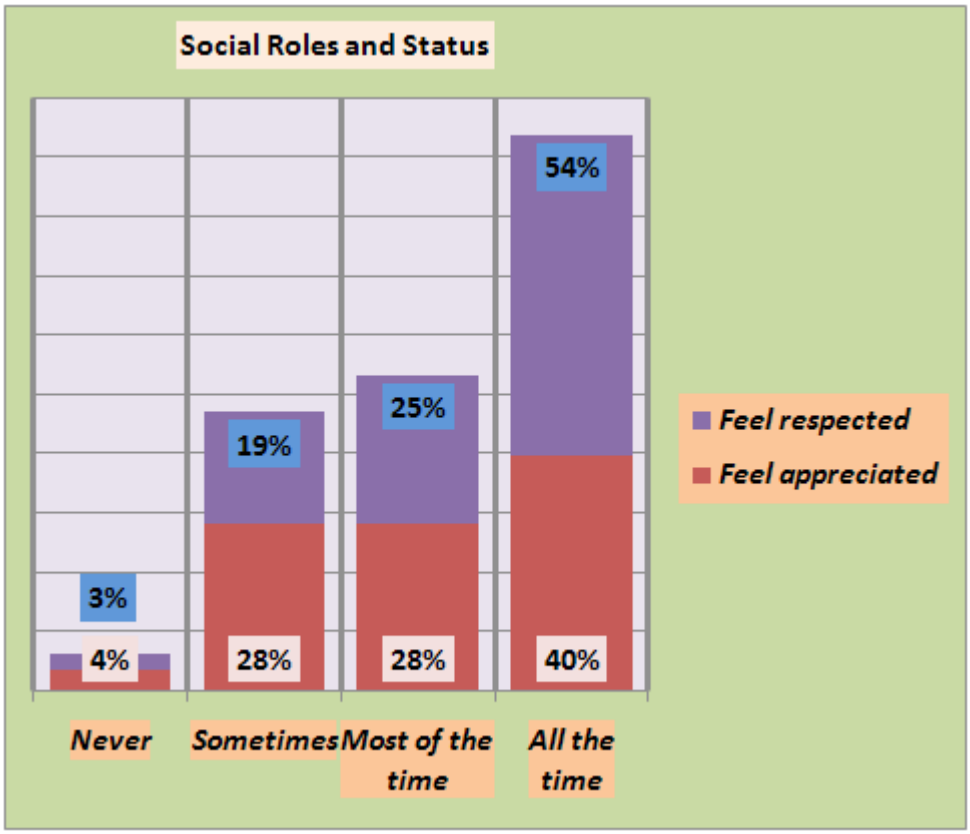
Chart 18: Feelings about care-giving role



Social Roles and Status: recognition and being valued

The majority of respondents indicated that they felt respected (about 96.4%) and appreciated (97.4%). This finding suggests that contrary to anecdotal evidence coming from general conversations that imply role loss and lack of recognition / being valued, Scarborough Muslim Seniors still receive respect and appreciation from family and friends. Chart 19 shows the extent to which respondents felt respected and appreciated. This finding leads to an observation that lack of respect and appreciation is not a significant factor in increasing vulnerability to both **social isolation** (because older persons continue to be included and welcomed into family interactions, they are not relegated to the periphery) and **loneliness / emotional isolation** (because when one is not respected or valued, one tends to lose confidence and self esteem, which may result in social withdrawal into "loneliness in a crowd").

Chart 19: Being respected and appreciated



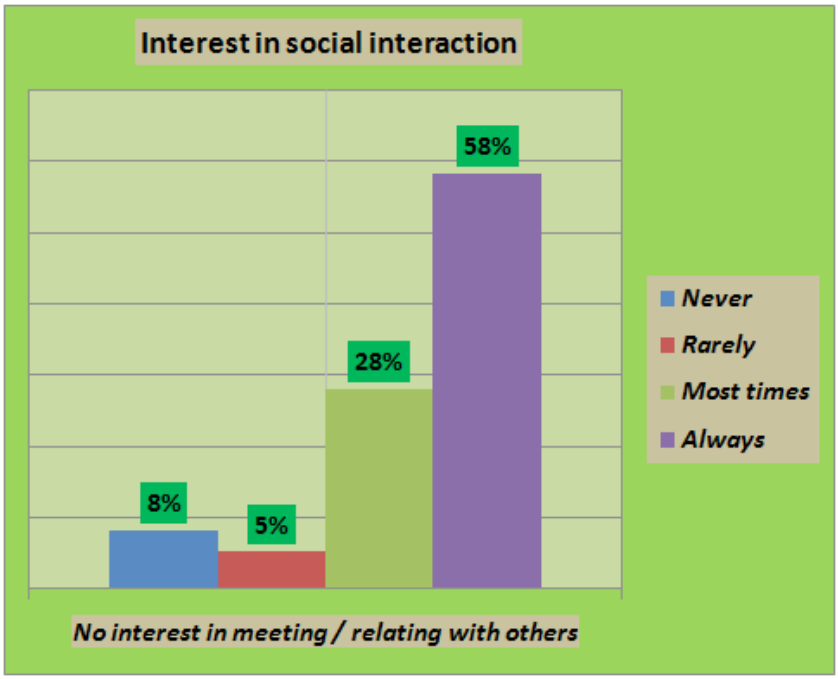
Signs of experiencing Loneliness and Emotional Isolation

Nine factors were employed to measure the extent to which Scarborough Muslim Seniors reported feeling lonely and emotionally isolated.

Unwillingness to interact with others

More than 86% of the respondents indicated that they were not keen to engage in social interaction (see Chart 20 below). This is despite the already reported finding in the section on social interaction which suggests that a majority of Scarborough Muslim Seniors are very much socially engaged, especially in activities that are connected with the Mosque. The finding of emotional withdrawal appears to infer that unwillingness to engage in social interaction is a key factor in increasing vulnerability to loneliness and emotional isolation for Scarborough Muslim Seniors.

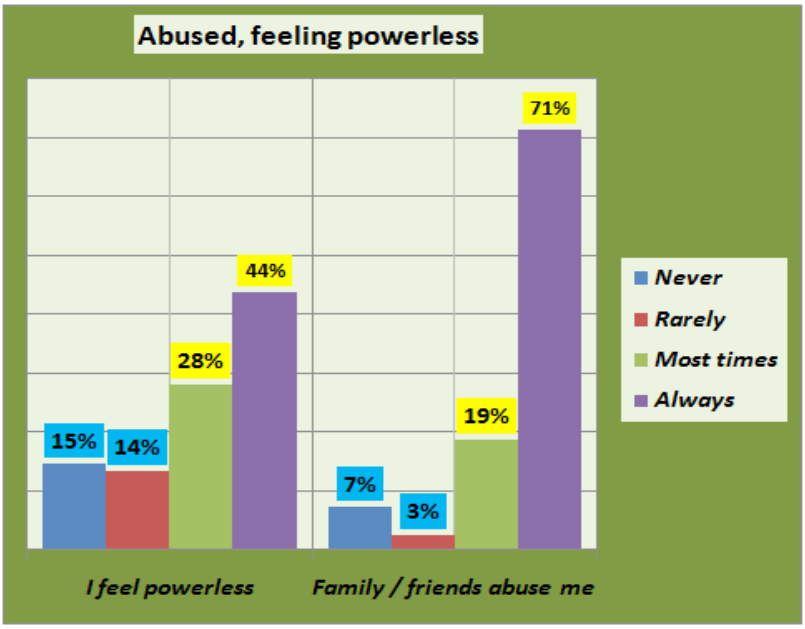
Chart 20 : Unwillingness to interact with others



Being abused and having a sense of powerlessness

The majority of respondents reported feeling powerless (71.9%) and thought that family and friends abused them (90%). This finding appears to conflict with that already reported above which showed that respondents felt that family and friends respected and appreciated them (Chart 19) and that social interaction was considered to be welcome and mutually beneficial (see Chart 6). This may suggest that respondents engage in social interaction because "that is the expected thing to do". However, the social interaction does not appear to provide Scarborough Muslim Seniors an opportunity to deal with emotional issues that are internal to them. Chart 21 below shows the extent to which respondents feel abused and powerless.

Chart 21: Sense of being abused and feeling powerless



Having negative feelings

Seven statements were used to measure the extent of negative feelings experienced by Scarborough Muslim Seniors: anger, bitterness, aloneness, loneliness, sadness, insecurity and neglect / abandonment. The majority of respondents reported experiencing these feelings. This finding suggests that while they feel less isolated socially, Scarborough Muslim Seniors experience a high level of loneliness and emotional isolation. The charts below show the extent to which respondents reported an experience of negative feelings.

Chart 22: Feelings of anger and bitterness

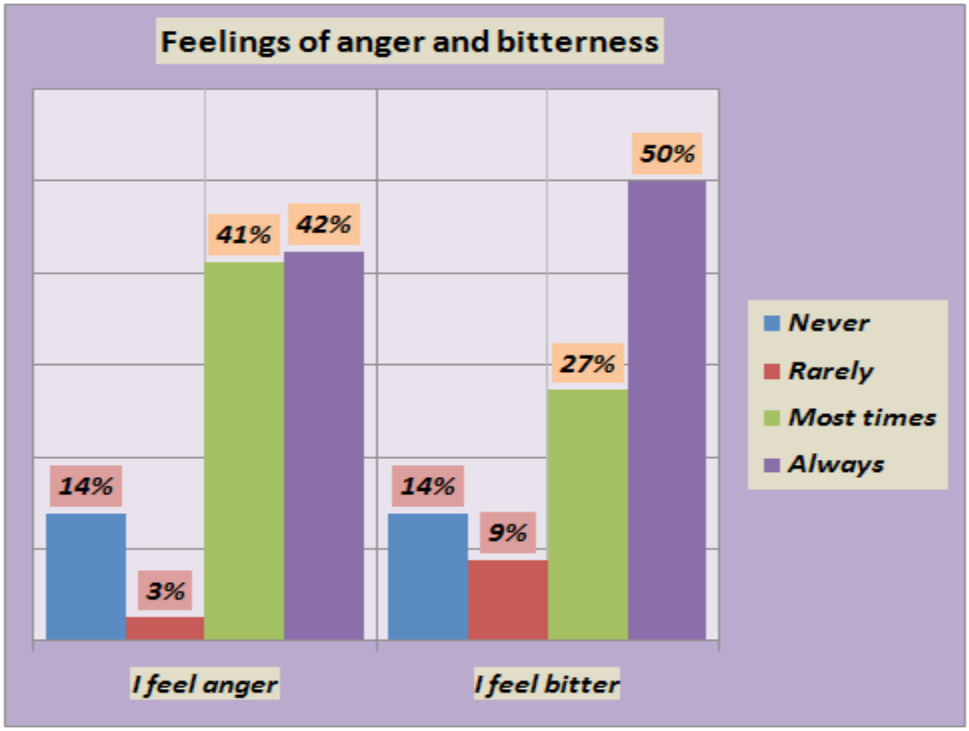


Chart 23: Feelings of loneliness

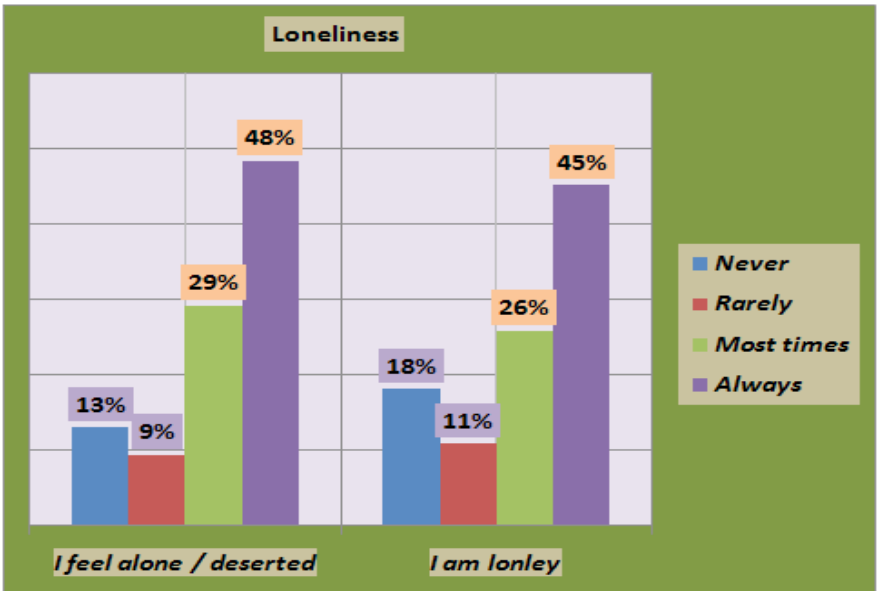
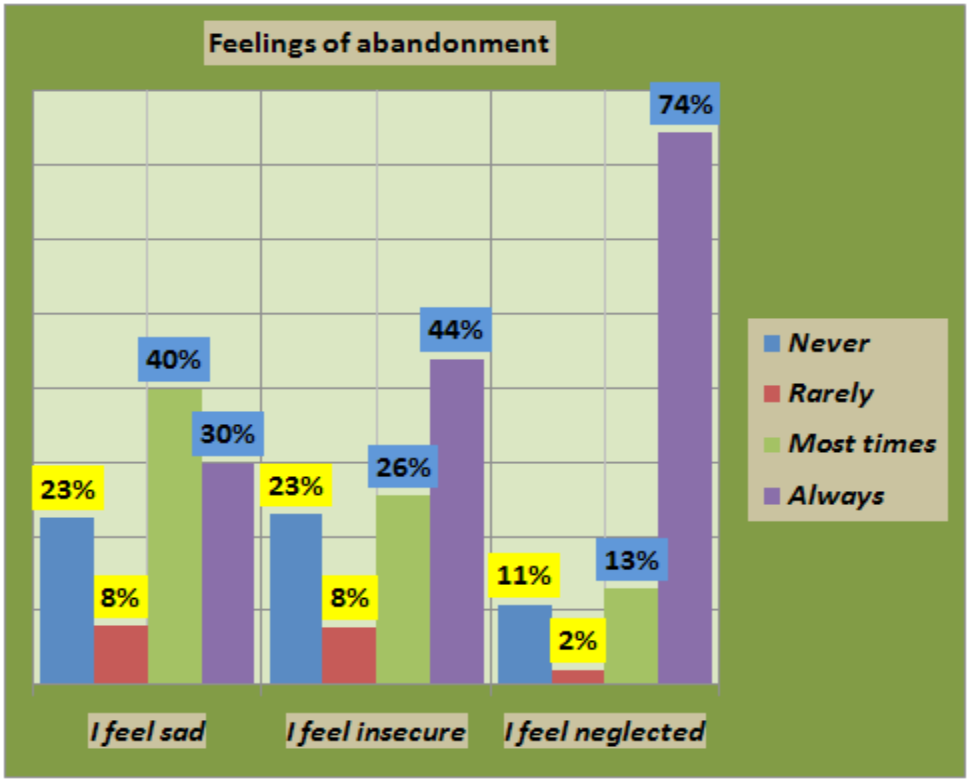
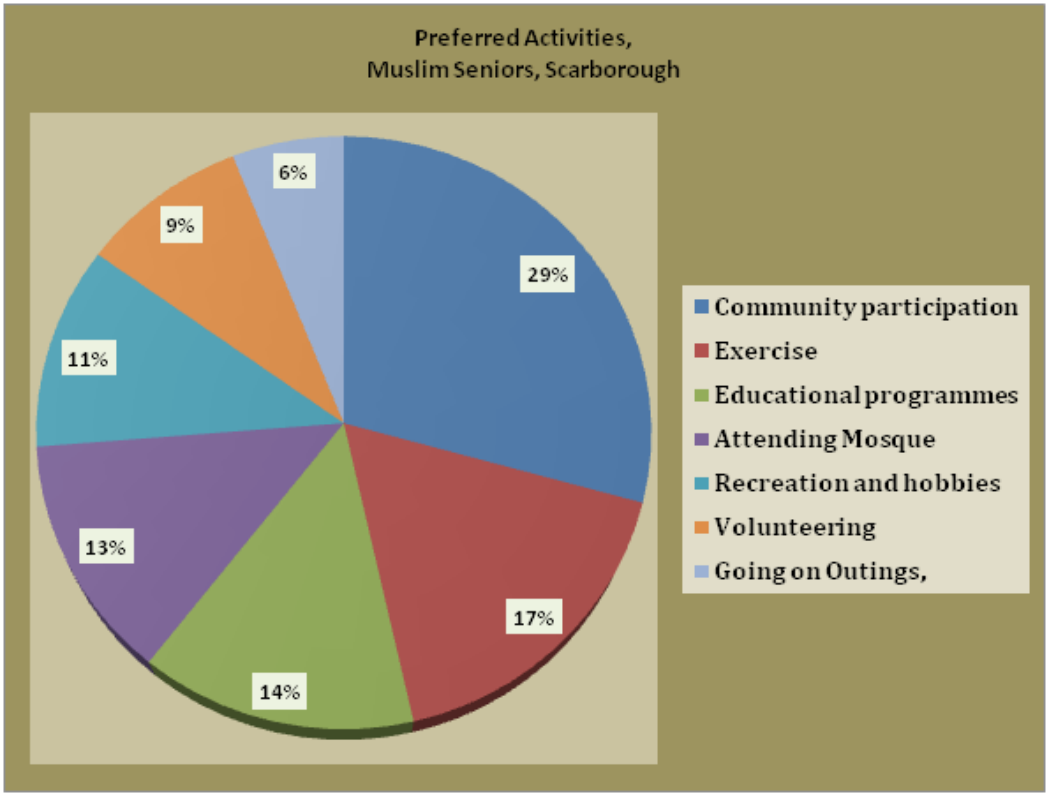


Chart 24: Feelings of abandonment / feeling neglected



Most popular / desirable activities among Muslim Seniors in Scarborough

Chart 25: Preferred Activities for Scarborough Muslim Seniors

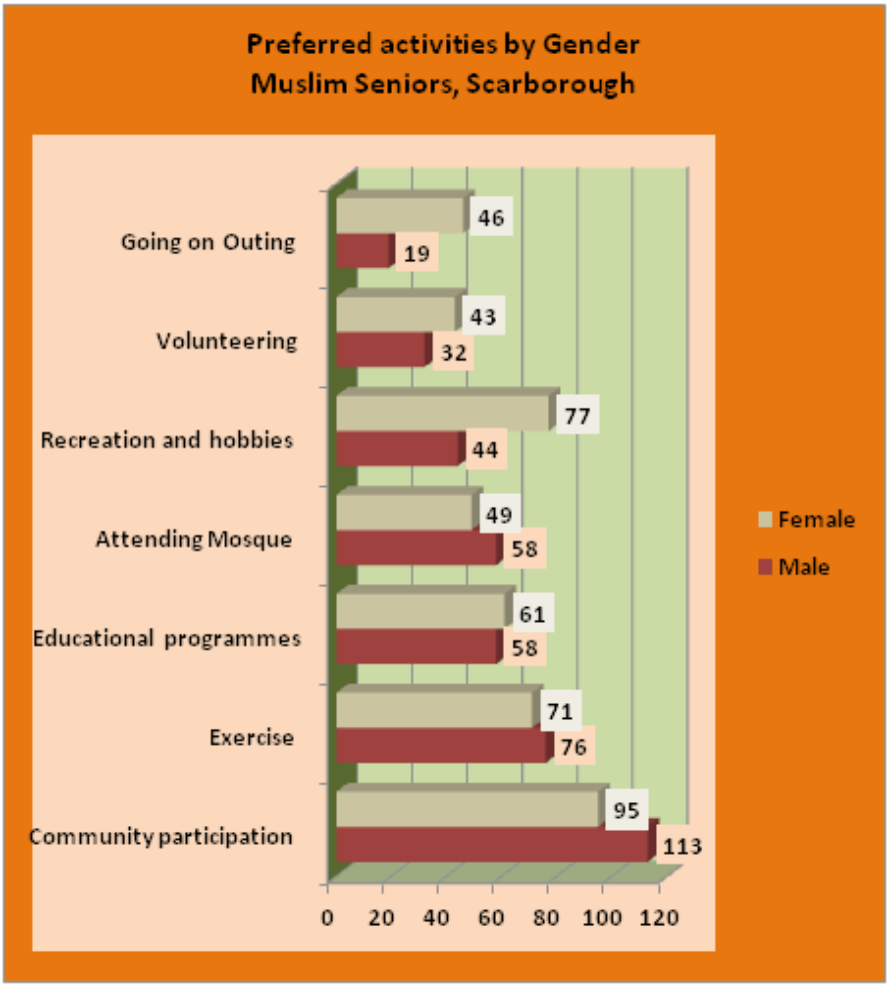


Having negative feelings

From the above list of preferred activities indicated by the respondents, it can be concluded that Scarborough Muslim Seniors are interested in activities that promote the types of interventions that have been found to be quite effective in reducing social isolation. This is because the preferred activities focus on group participation & active engagement, building of interpersonal relationships, improving physical health and enriching the mind through educational programs and/or travelling for leisure. The preferred activities have the potential for increasing respondents' resilience. This finding is consistent with research findings from other studies and the observations made by participants of a focus group discussion held for Scarborough community agencies serving seniors (at both community centres or within institutional homes for seniors) as part of this research. Participants in the focus group suggested that **social integration** was the dominant approach used in seniors' programs in Scarborough. This is because social integration had been found to be an effective strategy for promoting resilience and reduction of social isolation among seniors.

While social integration was found to be an effective tool for reducing social isolation for Scarborough Muslim seniors, the community agencies that participated in the focus group discussion (whose programs were run from community centres or institutions and therefore open to all seniors) made an observation that few Muslim seniors actually participated in their programs. This finding is consistent with what was already noted above that Scarborough Muslim Seniors appeared to prefer social participation in Mosque related programs compared to open community programs.

Chart 26: Preferred activities by gender



Section 5 : Discussion and conclusions from research findings

Limitations of study

The major limitation for this research was the limited funds available which curtailed the amount of preparation that went into the focus group discussions for both the Muslim Seniors and the Scarborough Community agencies which ran programs for seniors. For example, work could have been done to collect more information on the community agencies running seniors programs. Such information could have covered the following characteristics: names and location of seniors agencies in Scarborough, the types of programs that they run for seniors, effectiveness of those programs, gaps in service and the major challenges faced in delivering those programs. Such additional preparation, coupled with more information from the survey findings, could have enriched the focus group discussion that was held for the community agencies. More funds could also have permitted the use of more experienced facilitation, recording and analysis of the 3 focus groups.

Limitation on funding available made it difficult to increase the number of persons available to do certain tasks e.g. ensuring that a minimum number of respondents were identified and interviewed from all the wards in Scarborough. This limitation also made it difficult to identify Muslim Seniors that are not active enough to go to the Mosque or attend the types of events from which the majority of the survey participants were recruited. These limitations reduce the extent to which the research finding can be generalised to the rest of the population of Scarborough Muslim seniors. However, the findings are sufficiently indicative of what their situation is with regard to social isolation, loneliness and emotional isolation. The findings therefore provide a good source of information for developing and strengthening programs for Scarborough seniors in general, and Muslim Seniors in particular.

Extent of Physical Isolation within the sample

The research findings presented in section 4 show that for Scarborough Muslim Seniors, physical isolation is not a significant factor in increasing their vulnerability to social isolation. This is because the majority of the respondents indicated that they lived in close proximity to family and or friends (i.e. within the same household, the same neighbourhood or in Toronto). While this research did not go far enough to inquire on why this would be the case, a possible explanation could be that the cultural background of those who participated in the research is such that multi-generational households is not unusual. For this group, having members of an extended family living together is also an accepted social norm. This explanation would need to be explored further before it can be advanced as a possible explanation for the findings of this research.

Extent of social isolation

The research findings presented in section 4 show that for Scarborough Muslim Seniors, social isolation does not affect the majority of those surveyed. While low income levels could act as a limitation on the extent to which individuals can meet personal costs to engage in social interaction outside the home, it would appear that this factor has a negligible impact in increasing vulnerability to social isolation. A possible explanation could be that the availability of a strong social network still provides sufficient support to enable seniors to participate in activities outside the home. For example, children, friends or charitable gestures from others probably pay for transport and participation fees. It would not be uncommon for even those seniors whose immediate family may not be present to get a ride to the Mosque or to have someone sponsor them to participate in a tour or trip. Conjecturing that social capital counteracts the possible negative effects of low incomes on social participation for those surveyed cannot be accepted as a complete explanation since this issue was not discussed with the respondents.

Extent of emotional isolation

The research findings presented in section 4 show that for the majority of Scarborough Muslim Seniors, loneliness and emotional isolation appears to be a problem. Such a finding would appear to be inconsistent for a population that appears to be so well integrated and engaged socially. As already indicated in the literature review, this is what has been referred to as "loneliness in a crowd". Reasons for this phenomenon are not fully explored in the literature beyond suggestions that loneliness or emotional isolation could result from a person's deliberate withdrawal or refusal to emotionally engage with others. Other suggestions have also been that older persons may be marginalised and their presence in a social situation accepted but not accompanied by an environment that would enable seniors to talk about their inner issues. Anecdotally, it has been alleged that in the cultural background of the population that is the subject of this research, it is not acceptable for individuals to talk about their mental health issues openly. The gap in understanding of the cause of loneliness and emotional isolation needs to be addressed in order to provide information needed to develop and implement programs that would effectively address the problem.

Efficacy of seniors' programs in Scarborough

As reported in section 4, social integration is the dominant strategy for most seniors' programs, both in what has been reported in literature and the results of the focus group discussion for Scarborough community agencies. While this helps to promote resilience and reduce the vulnerability of seniors, the findings regarding the high incidence of loneliness and emotional isolation among the respondents suggest that more needs to be done in this area.

Section 6: Lessons learnt from conducting the research

- Employing survey methodology to gather data was a very cost effective and efficient means of collecting information from a large group of seniors in a short period of time. The iterative approach that was employed in developing the questionnaire and the involvement of a group of seniors helped to produce an instrument that was well understood and easy to administer. The questionnaire development process itself provided an opportunity to market the survey and drum up support from all those that took part.

- Convenience sampling and snowballing as a strategy for recruiting survey participants worked well because Mosques provided a place in which survey participants felt safe and secure. The fact that the leadership at the Mosque gave their permission for the survey to be introduced after Friday prayers helped to establish needed trust by the interview participants. Such cooperation resulted from using an effective outreach strategy to Mosques. The open support from the NAMF leadership and the connections that they had to the Mosques proved to be a critical asset in gaining a positive response by the other Mosques. Finally, the fact that outreach to Mosques was done by a person of the Muslim faith, accompanied by seniors from the community, also facilitated access and cooperation from the Mosques.

- The focus group discussion strategy worked well. However, time constraints prevented the opportunity to train the facilitator and recorder in more detail prior to the focus group discussion

- Engaging volunteers from the NAMF seniors' group to conduct interviews for the survey was a good decision. With adequate briefing, training and supervision, these seniors did an exceptional job. They were enthusiastic and were very open; they helped to spread the word about the survey in the community beyond the formal outreach that was made at Mosques and special events.
- Effective outreach and openly sharing information on what the research was about, what the information would be used for and making a clear request for assistance and the nature of the assistance required increased the level of cooperation from other community agencies.

Section 7: Recommendations

- Further research into the issue of loneliness and emotional isolation among Scarborough Muslim Seniors. More in-depth information would provide direction for better program design, content, strategy and delivery.
- Create more opportunities for the seniors in the NAMF program to participate in and contribute to research efforts in the community. They could share their experiences and showcase what they are able to do. Such activity could help to promote interest in other seniors participating in research as both subjects and research assistants.
- Examine the effects of belonging to the NAMF Seniors Group on emotional isolation and feelings of loneliness, over a two year period.
- Establishment of an association of Scarborough community based agencies that serve seniors. This forum could share information and pool resources to better serve seniors. The forum could also work out strategies for reaching out to Muslim Seniors (and other minority groups for that matter), more effectively. This group could also take on the role of informing public policy on needs of seniors and help to attract resources for seniors programs in Scarborough from different sources, both public and private. By coming together, community agencies can give higher visibility for their work, thus making it attractive for supporters to come alongside to give support (financial, material, volunteers, connections to important decision makers etc).
- Conduct similar research into other immigrant groups of seniors. Given the results of this pioneer study, it would be interesting to see if there would be similar findings among other immigrant senior groups.

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Appendices

Appendix 1 : Survey Questionnaire

Section 1 : Demographic Information

Age
- Less than 55 years
- 55 – 59 years
- 60 – 64 years
- 65 – 69 years
- 70 – 74 years
- 75 years and over

Gender
- Male
- Female

Marital Status
- Single (never married)
- Married
- Divorced
- Widowed

Country of birth
- Canada
- North America
- Latin / South America
- Caribbean
- Middle East (Israel, Lebanon, Kuwait, Saudi Arabia)
- North Africa (Algeria, Egypt, Libya, Tunisia)
- Sub-Saharan Africa
- European (Italy, France, UK, Poland, Turkey)
- South Asian (India, Pakistan, Bangladesh, Sri Lanka and others)
- South Asia (Japan, Korea, Vietnam, Thailand)
- Chinese
- Other

Ethnicity
- Canadian
- North American
- Latin / South American (including Mexico)
- Caribbean
- Middle Eastern (Israel, Lebanon, Kuwait, Saudi Arabia and others)
- North Africa (Algeria, Egypt, Libya, Tunisia and others)
- Sub-Saharan Africa (Mali, South Africa, Kenya, Nigeria, Senegal, and others)
- European (Italy, France, UK, Poland, Turkey and others)
- South Asian (India, Pakistan, Bangladesh, Sri Lanka and others)
- South East Asian (Japan, Korea, Vietnam, Thailand and others)
- Chinese
- Other (please specify) _____

First Language
- Arabic
- Bengali
- Cantonese
- Dari
- English
- Farsi
- Gujarati
- Gujrathi
- Hindi
- Malayalam
- Persian
- Persian / Farsi
- Polish
- Portuguese
- Punjabi
- Response
- Russian
- Tamil
- Urdu

Official Language Proficiency

Speak English
- None
- A little, I need some translation
- Good, able to cope on my own

Speak French
- None
- A little, I need some translations
- Good, able to cope on my own

Level of education
- None
- Up to high school
- College / University

Years of residence in Canada, and Toronto

Years lived in Canada
- Less than 3 years
- 4– 6 years
- 7 – 10 years
- 11 – 15 years
- 16 – 20 years
- 21 years and over

Years lived in Toronto
- Less than 3 years
- 4– 6 years
- 7 – 10 years
- 11 – 15 years
- 16 – 20 years

Section 2 : Physical Factors

Residential Status

- Homeless
- Live in house I own
- Live in house owned by family member
- Live in Rented Accommodation
- Live in an institution for independent living
- Live in an institution for assisted living

Living Arrangements

- Live alone
- Live with family
- Live with friends

Availability and accessibility of social amenities

	Not at all 1	**Somewhat 2**	**Mostly 3**	**Always 4**
Community Centre				
Medical Centre				
Educational Centre (e.g. language training centre)				
Cultural (social or arts) Centre				
Child Care Centre				
Employment Centre				
Mosque				

	YES 1	***NO 2***
Phone		
Voice Mail		
Computer and internet		
Banking Machines		
Grocery Shops		

Transportation, mobility

- Own Car
- Public Transit
- Other

Section 3 : Social and Economic Factors

Social Relationships

I have family
- None
- 1 - 2
- 3 - 5
- 6 - 9
- More than 10

I have friends
- None
- 1 - 2
- 3 - 5
- 6 - 9
- More than 10

Family frequency of contact
- Never
- At least once a year
- At least once in every 6 months
- At least once in every 3 months
- At least once a month
- At least once a week

Friends frequency of contact
- Never
- At least once a year
- At least once in every 6 months
- At least once in every 3 months
- At least once a month
- At least once a week

Proximity of family
- Outside Canada
- In Canada
- In Ontario
- In Toronto
- Same neighbourhood

Proximity of friends
- Outside Canada
- In Canada
- In Ontario
- In Toronto
- Same neighbourhood

Quality of Social Relationships

	Never *1*	*Rarely* *2*	*Most times* *3*	*Always* *4*
I always look forward to hearing or visiting with my family ***(including relatives)*** or friends				
The relationship between me and my family (or friends) is mutually helpful / beneficial (i.e. we all benefit)				

Grief Burden

Family members lost
- More than 6 years ago
- 4 – 5 years ago
- 2 – 3 years ago
- Last year
- This year

Friends lost
- More than 6 years ago
- 4 – 5 years ago
- 2 – 3 years ago
- Last year
- This year

Caregiver
- Yes
- No

Care giving burden

	Never *1*	*Rarely* *2*	*Most times* *3*	*Always* *4*
It is too much work, I cannot cope				
It takes too long for me to do this				
I have done this for too long				
I have to continue doing this for a long time to come				
I am compelled to do this				

Status loss

Appreciated
- Never
- Sometimes
- Most of the time
- All the time

Respected
- Never
- Sometimes
- Most of the time
- All the time

Willingness to participate in social activities, including Mosque
- Yes
- No

List 5 activities that you have participated in and like best

Frequency of social participation

Mosque
- At least once a week
- At least once a month
- At least once in every 3 months
- At least once in every 6 months
- At least once a year
- Never

Other social events
- At least once a week
- At least once a month
- At least once in every 3 months
- At least once in every 6 months
- At least once a year
- Never

Number of social contacts made

Mosque
- None
- 1
- 2 - 3
- 4 - 5
- 6 - 9
- More than 10

Other social events
- None
- 1
- 2 - 3
- 4 - 5
- 6 - 9
- More than 10

Personal income level
- None
- 1 to 5 000
- 001 – 10 000
- 10 001 – 15 000
- 15 001 – 20 000
- 20 001 – 23 000
- 23 001 and over
- Not willing to state

Own personal bank account or investments

- Yes
- No

Personal Financial Management

	Never 1	*Rarely 2*	*Most times 3*	*Always 4*	*Not applicable 5*
I make all deposits and withdrawals to my bank account					
I make all changes to my investments					
None of my family members or friends force me to make changes to my bank account or investments against my will					
No one has borrowed money from me **without** repaying the debt					

Section 4: Health Factors

Physical Health

	Never 1	*Rarely 2*	*Most times 3*	*Always 4*
I have physical impairment / disability				
I have hearing loss				
I have vision loss				
I have chronic illness				

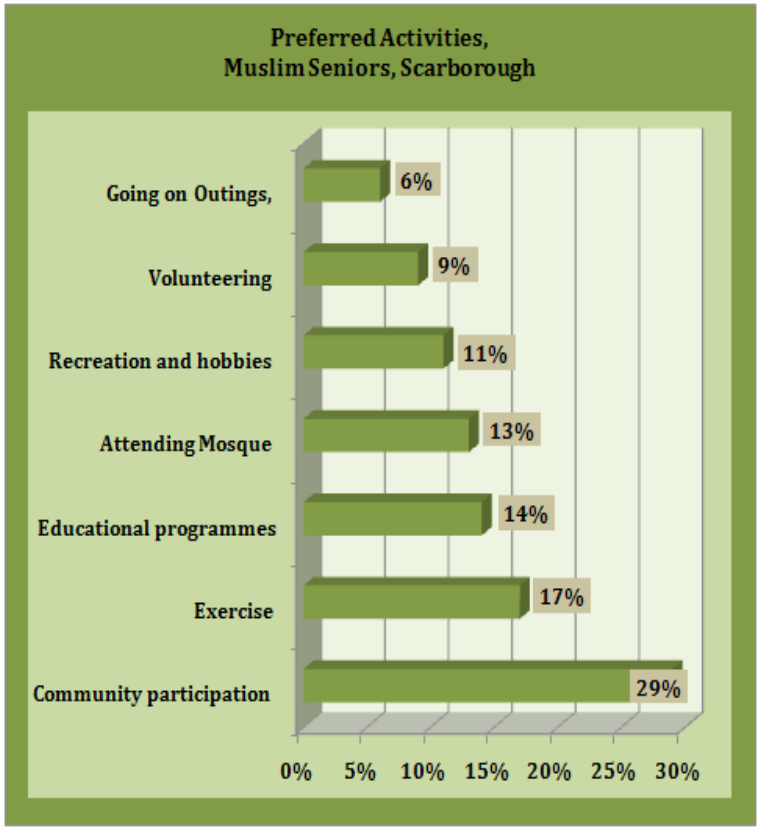
Mental Health

	Never 1	*Rarely 2*	*Most times 3*	*Always 4*
I feel a sense of powerlessness about the things happening in my life				
I feel anger about what people have done to me				
I feel bitterness about what my life has become				
I confuse things from the past with the present, my memory is poor				
I feel alone and deserted				
I am lonely				
I have difficulty in making decisions and setting goals for myself				
My family / friends abuse me, i.e. they treat me unfairly or without respect				
I have no interest in meeting and relating with others, even my own family or friends				
I feel sad				
I feel insecure				
I feel neglected by my family (and or friends)				

Appendix 2: Composite List of Most Popular Activities for Scarborough Muslim Seniors

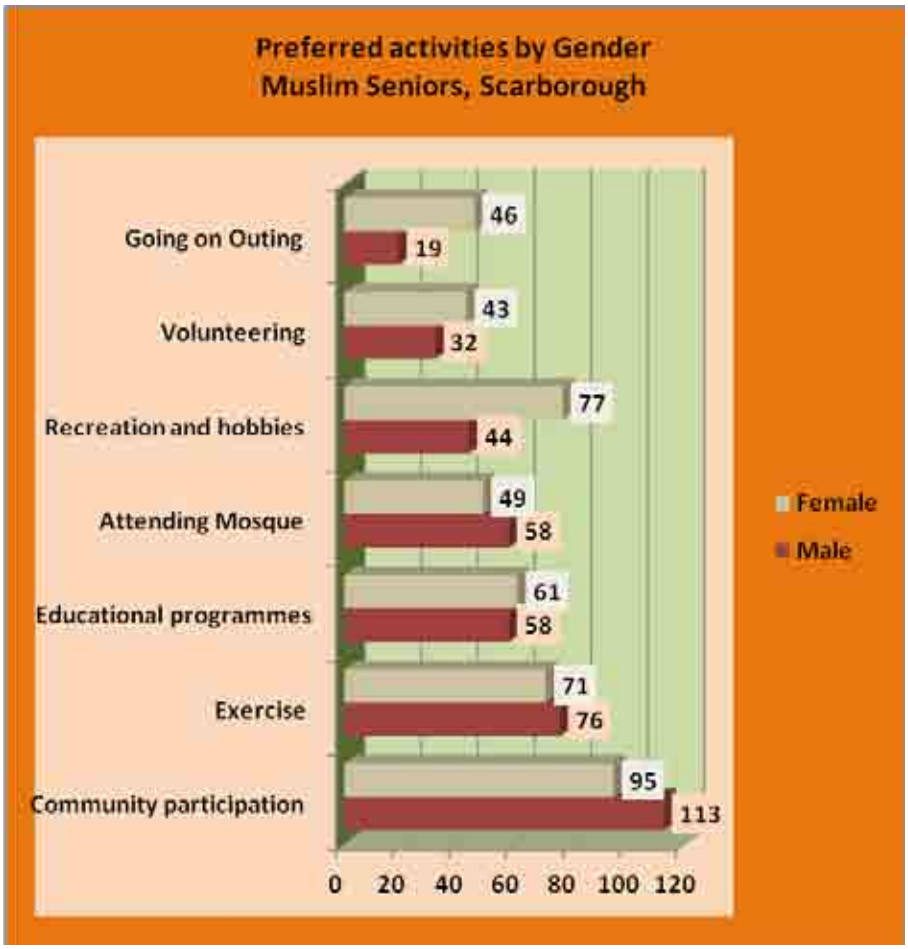
Categories of preferred activities, Muslim Seniors, Scarborough

Community participation	236	29%
Exercise	134	17%
Educational programs	114	14%
Attending Mosque	105	13%
Recreation and hobbies_	91	11%
Volunteering	70	9%
Going on Outings,	52	6%



Preferred Activities by Gender, Muslim Seniors, Scarborough

	Male		
Community participation	113		95
Exercise	76		71
Educational programs	58		61
Attending Mosque	58		49
Recreation and hobbies	44		77
Volunteering	32		43
Going on Outing	19		46
Total	**390**		**442**



Community Participation

Seniors group meetings / social programs (Family Day at NAMF, intergenerational programs, information sessions, pot luck, picnics, resource centre, multi-cultural)	75	32%
Go on trips with seniors (to learn about Toronto, Ontario, Canada, just touring, visiting museums / exhibitions)	62	26%
Socialising (get together, potluck,)	34	14%
Social events (including music, bridal)	18	8%
Picnic with family and friends (BBQ)	13	6%
Community activities / events	11	5%
Outdoor program	7	3%
Discussion group	5	2%
Interacting with other cultural activities	5	2%
Intergenerational programs	2	1%
Driving	2	1%
Community Garden	2	1%
Total	**236**	**100%**

Exercise

Other exercises	28	21%
Gardening	22	16%
Attend gym	16	12%
Running	1	1%
Walking / jogging	30	22%
Outdoor program (going to parks)	5	4%
Doing Yoga	7	5%
Playing sport (cricket, soccer, swimming, volleyball, tennis)	21	16%
Swimming	3	2%
Dancing	1	1%
Total	**134**	**100%**

Educational Programs

Health awareness (including weight loss)	31	27%
Computer classes (how to use the internet)	28	25%
Reading club, going to library	27	24%
Language Training (Conversation in English, Arabic)	12	11%
Lectures	3	3%
Job searching techniques	3	3%
General lectures (on ethics,)	2	2%
Other Educational programs	2	2%
Aesthetics	1	1%
Art	1	1%
How to care for disabled / sick family members	1	1%
Making presentations	1	1%
Settlement information	1	1%
Addiction counselling	1	1%
Total	**114**	**100%**

Attending Mosque

To pray (at Mosque or in a prayer group)	48	46%
Islamic Lectures in Mosque	33	31%
Activities / gatherings	11	10%
Teaching(children, the Quran)	8	8%
For dinner	4	4%
Fundraising events	1	1%
Total	**105**	**100%**

Going on Outings

Family and friends) (visiting, camping, going to restaurants, visiting grandchildren, birthday celebrations, special occasions)	30	58%
NAMF outings (including picnics)	9	17%
Shopping	8	15%
Field trips	3	6%
Camping	1	2%
Boating	1	2%
Total	**52**	**100%**

Volunteering

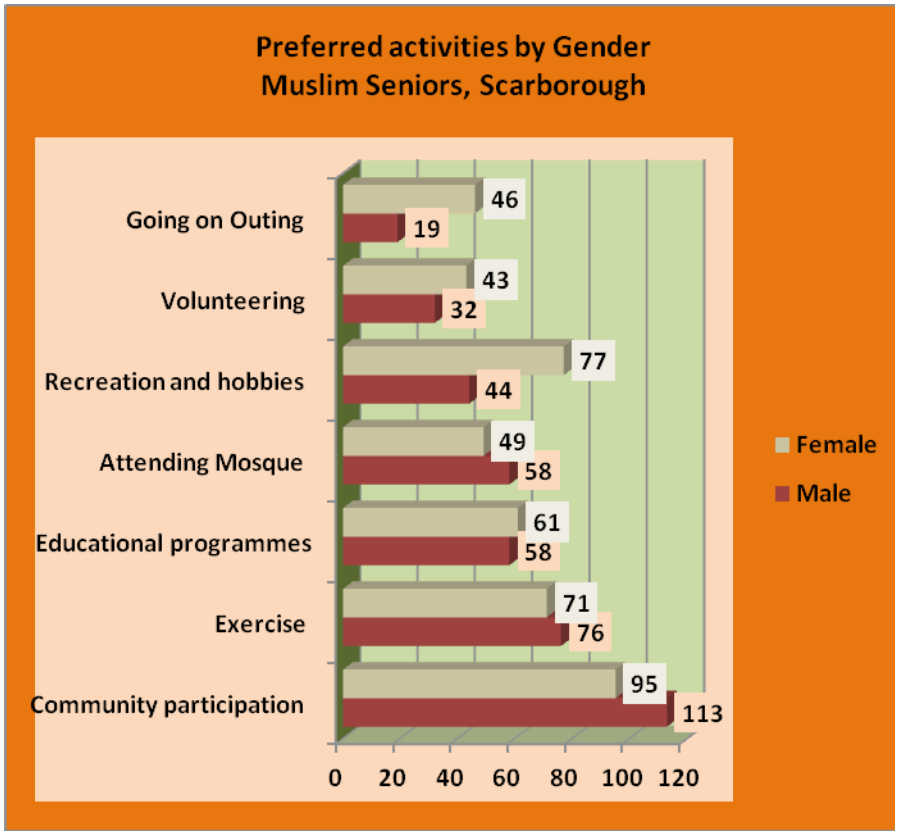
Volunteer (seniors centre, Mosque, community agency, schools, teaching English, teaching crafts,)	48	69%
Volunteer in community (hospital, soup kitchen, Mosque, community)	8	11%
Fundraising	8	11%
Counselling (arranging marriages, youth counselling on gambling)	4	6%
Helping new immigrants to settle	1	1%
Facilitating senior programs	1	1%
Total	**70**	**100%**

Recreation and hobbies

Sewing / handicrafts Sewing, Embroidery: 18 Knitting: 10 Quilting: 3 Quilt making: 2 Crochet: 1 Leather work: 1	35	32%
Other Indoor Games / activities (dominoes, snooker, board games): 16 Watching TV (movies, sports – basketball, cricket): 13 Fishing: 1 Group TV program: 1	31	28%
Cooking (including cake making)	25	23%
Artistic expression Painting: 5 Photography: 8 Floral arrangement: 1 Poetry writing, graphics): 4 Photography: 1 Attending musical/poetry readings: 1	20	18%

Appendix 3: List of Most Popular Activities for Scarborough Muslim Seniors stratified by gender

	Male		Female
Community participation	113		95
Exercise	76		71
Educational programs	58		61
Attending Mosque	58		49
Recreation and hobbies_	44		77
Volunteering	32		43
Going on Outing	19		46
Total	**390**		**442**



Preferred Activities by males

Attending Mosque (58) Religious Gatherings / events at Mosque (dinners) **(8)** Religious learning Tafseer (understanding Quran) **(8)** Religious program **(22)** Prayers at the Mosque **(20)**	***58***	
***Recreation and hobbies* (44)** Boating* **(1)** Fishing* **(1)** Graphics **(1)** Group TV program (basketball, cricket, movies) **(9)** Indoor Activities (board games, crossword puzzles,) **(16)** Photography **(6)** Painting **(2)** Music **(1)** Sewing (quilt making) **(2)** Cooking **(3)** Skills Training **(1)** Writing poetry, poetry recitals **(1)**	***44***	
Community participation (113) Seniors program / activities (family day at NAMF) **(11)** Social gatherings / community events (BBQ, bridal function, socialising with relatives and friends, intercultural events) **(34)** social programs / seniors club (inter-generational programs) **(32)** Trips with seniors (in Ontario, the city, Niagara Falls, TTC routes) **(34)** Driving **(2)**	***113***	

Educational programs (58) Computer (using the internet) **(14)** Learn languages (English, Arabic) **(2)** Health awareness **(13)** Attending lectures (ethics, different facilities) **(9)** Debating, making presentations **(2**) Reading and visiting library **(15)** Resume writing, identifying job opportunities **(3)**	***58***	
***Volunteering* (32)** Fund raising dinner **(2)** Counselling / arranging matrimonial matches **(2)** Volunteering(at Funeral Services, mosque, for seniors, teaching English, schools, community centres) **(27**) Train to volunteer **(1)**	***32***	
Going on Outings (19) Community / group Outings **(5)** Group Picnics **(3)** Camping (with family and friends) **(2)** Family Outings with family and friends **(3)** Get together parties **(5)** Shopping **(1)**	***19***	
Exercise / sporting activities) (20) **(76)** Playing Cricket, Soccer, Table tennis, volleyball, **(9)** Gardening **(12)** Gym **(11)** Swimming **(5)** Outdoor activities **(4)** Jogging / walking, running **(20)** Yoga **(2)** Playing Dominoes **(1)** Snooker **(1)**	***76***	
TOTAL	***390***	

Preferred Activities by females

Community participation (95) Social Group (at NAMF) **(19)** Social programs (inter-generational, cultural activity, discussing / debating various issues) **(20)** Socialize with other seniors (multi cultural) **(16)** Social events **(9)** Visiting resource centre **(1)** Touring / Travelling (Tourist Destination, Ontario, City, museums, historical places) **(33)**	***95***	
Exercise / sport (25) (71) Swimming **(1)** Yoga **(5)** Outdoor program **(5)** Gym / indoor programs **(7)** Walking **(12)** Gardening **(15)** Dancing **(1)**	***71***	
Educational programs(2) (61) Wants to learn how to drive a car **(1)** Reading (doing crossword puzzles, visiting library) **(10)** Poetry Writing **(1)** Learning languages (English, Arabic) **(9)** Health Awareness **(18)** Learning lost Art **(1)** Learn to train children **(1)** Computer Skills **(15)** Addiction counselling **(1)** How to help my disabled daughter **(1)** Conference for seniors **(1)**	***61***	

Attending Mosque (49) Prayer at Mosque **(16)** Religious Group (Tafseer) **(4)** Religious / Mosque activities / gatherings / events **(15)** Learning / understanding the Quran, Islam **(5)** Mosque programs **(4)** Teach children **(2)61** Teaching Quran **(3)**	***49***	
***Recreation and hobbies* (77)** Watch TV (Cricket, movies) **(5)** Sewing (quilting, embroidery) **(20)** Crochet **(1)** Knitting **(11)** Cook / Bake **(23)** Leatherwork **(1)** Teaching Craft **(1)** Painting **(3)** Photography *** **(3)** Music **(1)** Floral Arrangement **(1)** Board Games **(2)** Art **(1)** Urdu Poetry **(1)** Attending musical/poetry readings **(1)** Aesthetics **(1)**	***77***	
***Volunteering* (43)** Volunteering (Youth counselling on Internet gaming, hospital, seniors, mosque, community, agencies, school, soup kitchen, help needy people) **(36)** Fundraising **(7)**	***43***	

***Going on Outing* (46)** Attending family celebrations, visiting (family, friends, grandchildren, get together, potluck dinners) **(15)** Go on outing with family, friends (restaurant, picnics, camping, gardening tours) **(24)** Shopping Visit to Mall **(7)**	***46***	
Total	442	